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ABSTRACT

This document presents the Substance Abuse Prevention Curriculum developed for use in Mississippi elementary and secondary schools. The curriculum uses a developmental approach to substance abuse prevention which emphasizes helping students gain information needed to make sound decisions about drug use. Incorporated into the curriculum are all learning objectives from the Comprehensive Health Curriculum that pertain to positive mental health in general and to substances specifically. Curriculum activities are provided separately for use in kindergarten through grade eight. Activities for grades 9 through 12 are categorized into six areas: driver education, English/literature, health, mathematics, science, and social studies. For each activity page there is an activity number, an activity goal, objective, learning component, vocabulary, academic focus, and a list of all materials needed to teach the activity. Handouts and visual aids are included following each activity. Appendices include a 100-page teacher's guide to drug information; an 11-page glossary; lists of educational resources; lists of treatment resources; Mississippi state laws; a videotape script and outline; and instructions for adapting the curriculum activities for use with special students, including the mentally retarded, learning disabled, visually impaired, and gifted. (NB)

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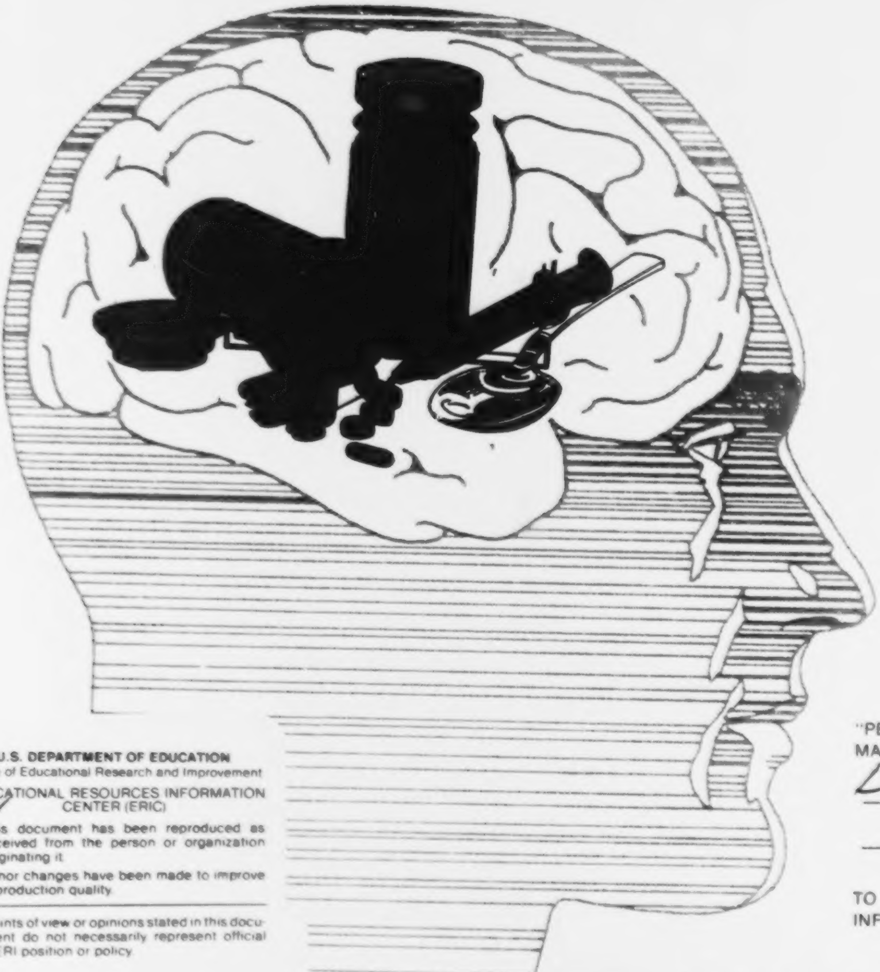
MISSISSIPPI SUBSTANCE ABUSE PREVENTION CURRICULUM



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DRUGS:

They get to the "MATTER"

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Cover design idea by Natale Tate, a student at Warren Central Junior High School, Warren County School System, Vicksburg.

THE MISSISSIPPI SUBSTANCE ABUSE PREVENTION CURRICULUM

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FOREWORD

The problem of substance abuse among the youth of this state is a matter of continuing concern for Mississippians. The impact of national trends toward earlier use of beverage alcohol by children and adolescents, and chronic alcohol abuse and alcoholism among young adults is being felt in Mississippi. At the same time, the use of other drugs, although affecting fewer numbers, remains a problem.

Attitudes and behavioral patterns related to drug use are acquired through the developmental process. Research in the area of substance abuse has demonstrated that individuals who manifest developmental deficits in key skill or attitudinal areas are more likely to be vulnerable to substance abuse as well as other problem dependencies.

Through a developmental approach to substance abuse prevention, emphasizing curriculum activities which provide information on drug use while at the same time enhancing the student's self concept and promoting the development of improved coping and decision-making skills, attitudes and behaviors which are incompatible with substance abuse can be strengthened. The infusion of such activities into the general curriculum at all levels is more likely to result in students viewing them as relevant to their lives. Additionally, such an approach is more likely to have a broader impact, enabling the curriculum to reach students in all Mississippi schools.

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USING THE SUBSTANCE ABUSE PREVENTION CURRICULUM

The Substance Abuse Prevention Curriculum utilizes a developmental approach to substance abuse prevention with emphasis on gaining information which is needed to make sound decisions about drug use and, at the same time, provide skills which will facilitate the student's ability to apply this information in order to remain drug free. Incorporated into the curriculum are all learning objectives from the Comprehensive Health Curriculum (State Department of Health) that pertain to positive mental health in general and substances specifically.

Special emphasis has been placed on correlating the contents/activities of the Substance Abuse Prevention Curriculum to the Mississippi Curriculum Structure. The last column on the Goals and Objectives sheets for each grade level includes the reference to the Curriculum Structure. This entry should provide the local school district with valuable information toward effectively integrating the activities of the Substance Abuse Prevention Curriculum into the local instructional management plan.

Each activity page contains the following:

1. Activity number: Located in top left-hand corner.
2. Goal: The goal is the same for all activities for each A, B, C, or D.
3. Objective: Each activity has a different objective.
4. Learning Component: The learning component corresponds with either information or skill (e.g., self-esteem, coping, or decision-making).
5. Vocabulary: New words are provided.
6. Academic Focus: The concept taught (e.g., categorization, language arts, or music) is presented.
7. Resources: All the materials necessary to teach the activity are listed. Handouts and Visual Aids are included following the activity.

Reference System

Elementary (K-6)

K: A-1
K = grade; A = information activity; 1 = first activity

3: B-3
3 = grade; B = skill activity; 3 = third activity

All A and C activities are drug information activities.
All B and D activities are skill activities.

Level	Skill Emphasis
K-3	Self-Esteem
4-6	Coping Strategies
7-8	Decision-Making Process

Secondary (7-12)

7: English: A-1
7 = grade; English = discipline area; A = information activity; 1 = first activity

12: Science: B-2
12 = grade; Science = discipline area; B = skill activity; 2 = second activity

Level	Discipline Area
7-8	English, Health, Science
9-12	English, Health, Science, Social Studies, Driver Education, Mathematics

All A activities are drug information activities.
All B activities are skill activities.

The skill component in grades 9-12 reinforces the previously introduced topics of grades K-8.

Correlation to Mississippi Curriculum Structure

Correlation Reference Codes:

MS C. S. = Mississippi Curriculum Structure
H/PE - C13 = Health/Physical Education, core objective #13
LA.B-1 - 1 = Language Arts, Section B-1, objective #1
S - C34; C6 = Science, core objectives #34 and #6
OC - 66; 67 = Oral Communication, objectives #66 and #67

LEVEL K-3

GOALS AND OBJECTIVES

GRADE K

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
K: A-1	3	Information	The student will demonstrate a knowledge of body parts.	Name the parts of his/her body.	H/PE - C13 LA.B-1 - 1 S - C34; C6
K: A-2	5	Information	(same as above)	Illustrate the function of each body part.	H/PE - C13 LA.B-1 - 1
K: A-3	8	Information	(same as above)	Describe healthy care of body parts.	H/PE - 13 LA.B-1 - 11; 12
K: B-1	10	Self-Esteem	The student will demonstrate a positive self image.	Identify ways he or she is like others.	H/PE - 5 LA.B-1 - 18 R - 2; 21 MA - C6; 29
K: B-2	16	Self-Esteem	(same as above)	Identify ways he or she is different from others.	H/PE - 5 LA.B-1 - 11 R - 21
K: B-3	17	Self-Esteem	(same as above)	Describe self in relation to family.	H/PE - 5 LA.B-1 - 1 R - 21
K: C-1	19	Information	The student will demonstrate desirable health practices.	Discriminate between safe edible and non-edible objects.	H/PE - 1 LA.B-1 - 1 R - 2
K: C-2	20	Information	(same as above)	Distinguish between feeling sick and feeling healthy.	H/PE - 1 MU - C3

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
K: C-3	21	Information	(same as above)	Identify factors affecting a healthy body.	H/PE - 1 LA.B-1 - 1 R - 40
K: D-1	23	Self-Esteem	The student will demonstrate an understanding of individual and group activities.	Discuss activities performed alone.	H/PE - 6
K: D-2	24	Self-Esteem	The student will demonstrate an understanding of individual and group activities.	Demonstrate activities performed with peers.	H/PE - 6 SS - 16 R - 32
K: D-3	25	Self-Esteem	(same as above)	Discuss activities performed with family.	H/PE - 6; 7 R - 6

2

Goal: The student will demonstrate a knowledge of body parts.

Objective: Name the parts of his/her body.

Learning Concept Information

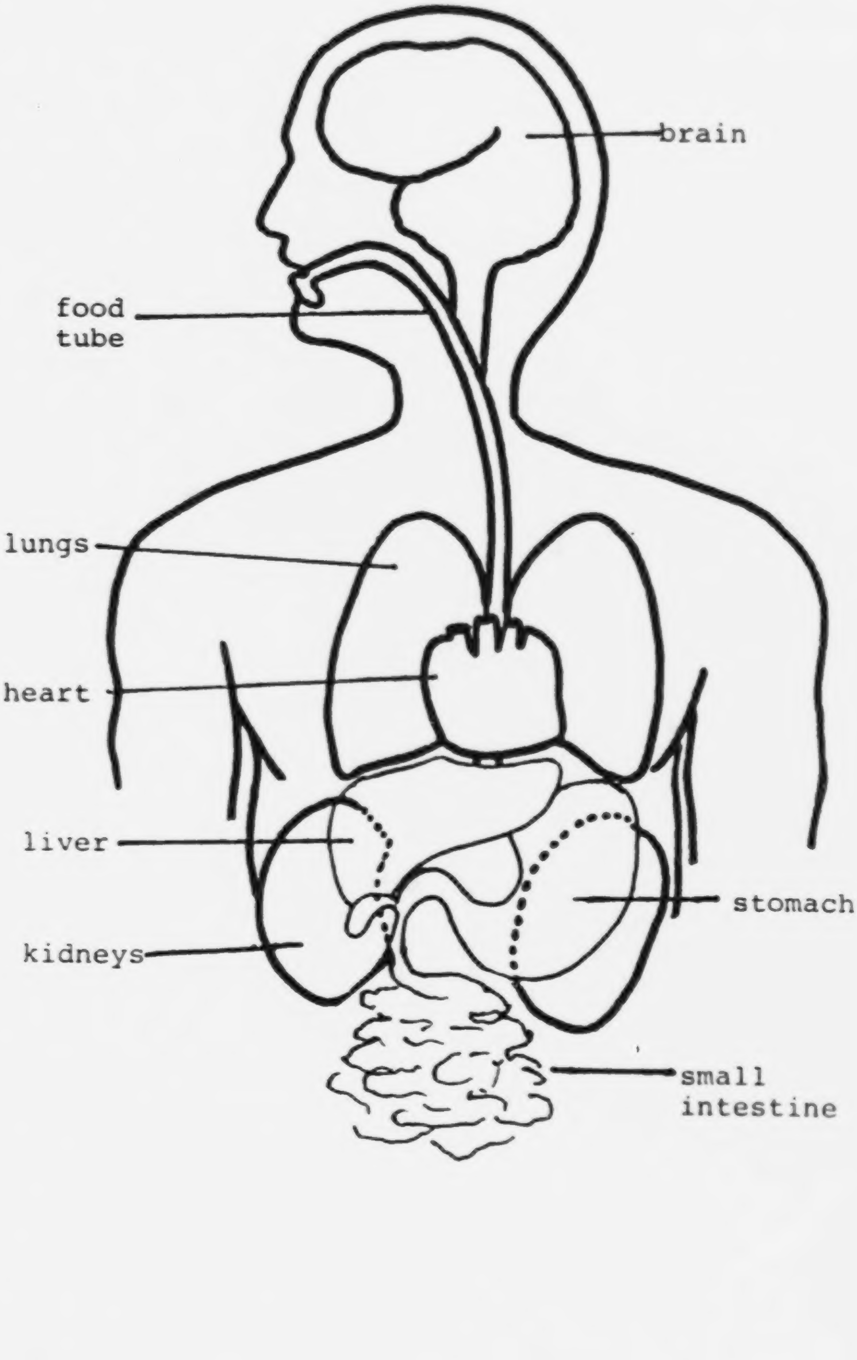
Vocabulary: body, heart, brain, lungs, stomach

Academic Focus: Body parts, color identification, fine motor skills

RESOURCES:	**ACTIVITY**
Handout: "Inside My Body" Crayons	1. Discuss that we can see some of our body parts (e.g. arms, eyes, hands, feet, head, stomach) but that some of our body parts cannot be seen because they are covered by our skin (e.g. stomach, heart, brain, lungs). 2. Have the students stand. Play "Simon Says" naming visible body parts. 3. Distribute the handout and identify specific body parts as follows: a. Brain - blue b. Throat - orange c. Lungs - yellow d. Heart - red e. Stomach - green. Have the students color each body part as identified above.

INSIDE MY BODY

HANDOUT K: A-1


brain
food tube
lungs
heart
liver
stomach
kidneys
small intestine

Goal: The student will demonstrate a knowledge of body parts.

Objective: Illustrate the function of each body part.

Learning Concept Information

Vocabulary: truck, engine, wheels, windows, tires, gas tank

Academic Focus: Fine motor skills

RESOURCES:

Handout:
"Tommy Truck"
Crayons

ACTIVITY

1. Distribute the handout. Ask the students to discuss similarities between parts of a truck and the living body. Include the following points:
    a. Engine/Motor makes the truck go and pushes the oil around. (Heart) pushes blood around the body. (If a truck is pulling a heavy load or going uphill, it works harder; if a person's body is working harder, the heart works harder.)
    b. Driver decides which way to steer the truck, stop or go, etc. (Brain) tells the arms and legs to move, the mouth to speak, etc. (If the driver is too sleepy or has taken a certain medicine or drug, the truck may crash or go off the road; if the brain is too sleepy or drunk, a person may not walk or talk right.)
    c. Windows let fresh air in and out of the truck. (Lungs) pull air into the body and send it out (similar to two balloons). (If the air outside the truck is very dirty it may go through the windows and dirty the inside of the truck; if a person smokes cigarettes, the dirty smoke will leave dirt in the lungs.)
    d. Gas tank, place where the truck is fed gasoline so it can drive. (Stomach), place where people's food goes so they can live and do things. (A truck that is given bad gas will not move well; a person who eats bad food or doesn't eat enough food will not be able to work or play as well.)

RESOURCES:

ACTIVITY

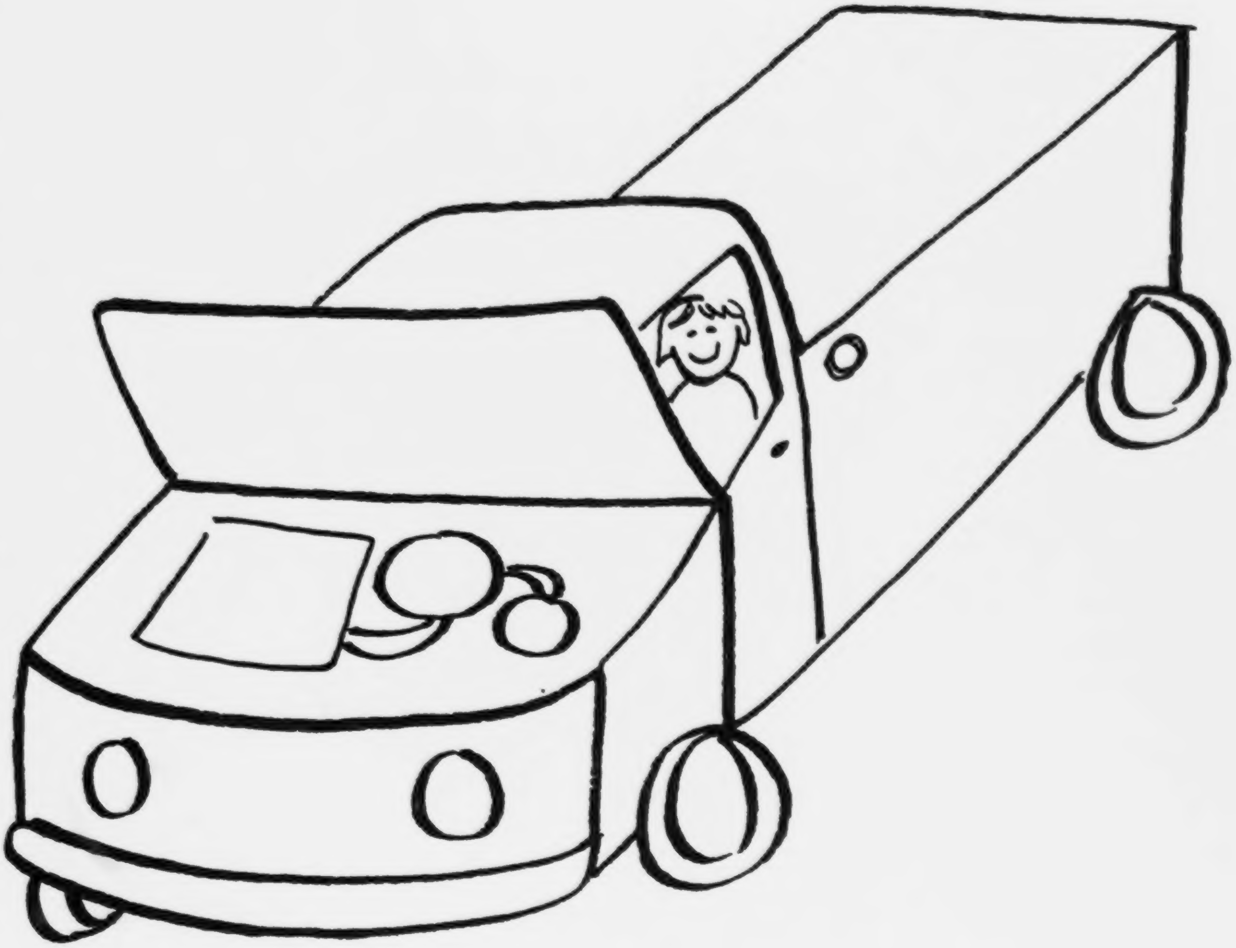
e. Tires/Wheels make the truck go slowly or fast, left or right. (Feet) help us to walk and run. (If a truck has no tires, it will not drive, and if it isn't driven, it might have a lot of trouble starting up; if people do not walk or run much, or don't get any kind of physical exercise, they may get sleepy a lot, or they may not feel as well.)

2. Discuss with students that it is just as important to take care of our bodies (rest, exercise, good food) as it is to take care of a truck (wash, polish, plenty of good gas and oil).

3. Have the students color the handout.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
K: A-2



K: A-3

Goal: The student will demonstrate a knowledge of body parts.

Objective: Describe healthy care of body parts.

Learning Concept Information

Vocabulary: exercise, right, left

Academic Focus: Directions

RESOURCES:

ACTIVITY

1. Explain that each part of the body is useful and therefore it is important to take good care of the different parts of the body. Name different parts of the body and discuss their importance (e.g. legs for walking, running, jumping; mouth for eating, talking; eyes for seeing; ears for hearing; hands for picking up things, touching; noses for smelling; etc.).

2. Ask the children to point to the body part that:
   a. we use to take in food
   b. we use to write
   c. we use to see
   d. we use to walk barefoot
   e. we comb or brush
   f. we listen with
   g. we hug our moms with
   h. we run with
   i. we use to smell.

RESOURCES:	ACTIVITY
	3. Stress that these different parts of our body do special things for us. Then discuss things we do to take care of the different parts (e.g. we brush our teeth; we wash our hands, feet, legs, arms; wash and comb our hair; exercise our arms and legs; etc.). 4. Sing the "Hokey Pokey" with the children. Include as many body parts as possible.

Goal: The student will demonstrate a positive self image.

Objective: Identify ways he or she is like others.

Learning Concept Self-Esteem

Vocabulary: alike, different

Academic Focus: Categorization; Discrimination; Classification of objects

RESOURCES:

Visual Aids:

Pictures of
3 red objects
3 blue objects
3 yellow objects

[Color and cut out objects prior to activity.]

ACTIVITY

1. Introduction: Tell children that today they are going to learn more about themselves--who they are, what they look like.

2. Introduce the concepts ALIKE/DIFFERENT by pairing objects and asking children to decide if they are alike (same) or different and why.

apple, banana, blueberry: alike shape? - no
alike fruit? - yes
alike color? - no

apple, heart, red pen: alike fruit? - no
alike color? - yes
alike shape? - no

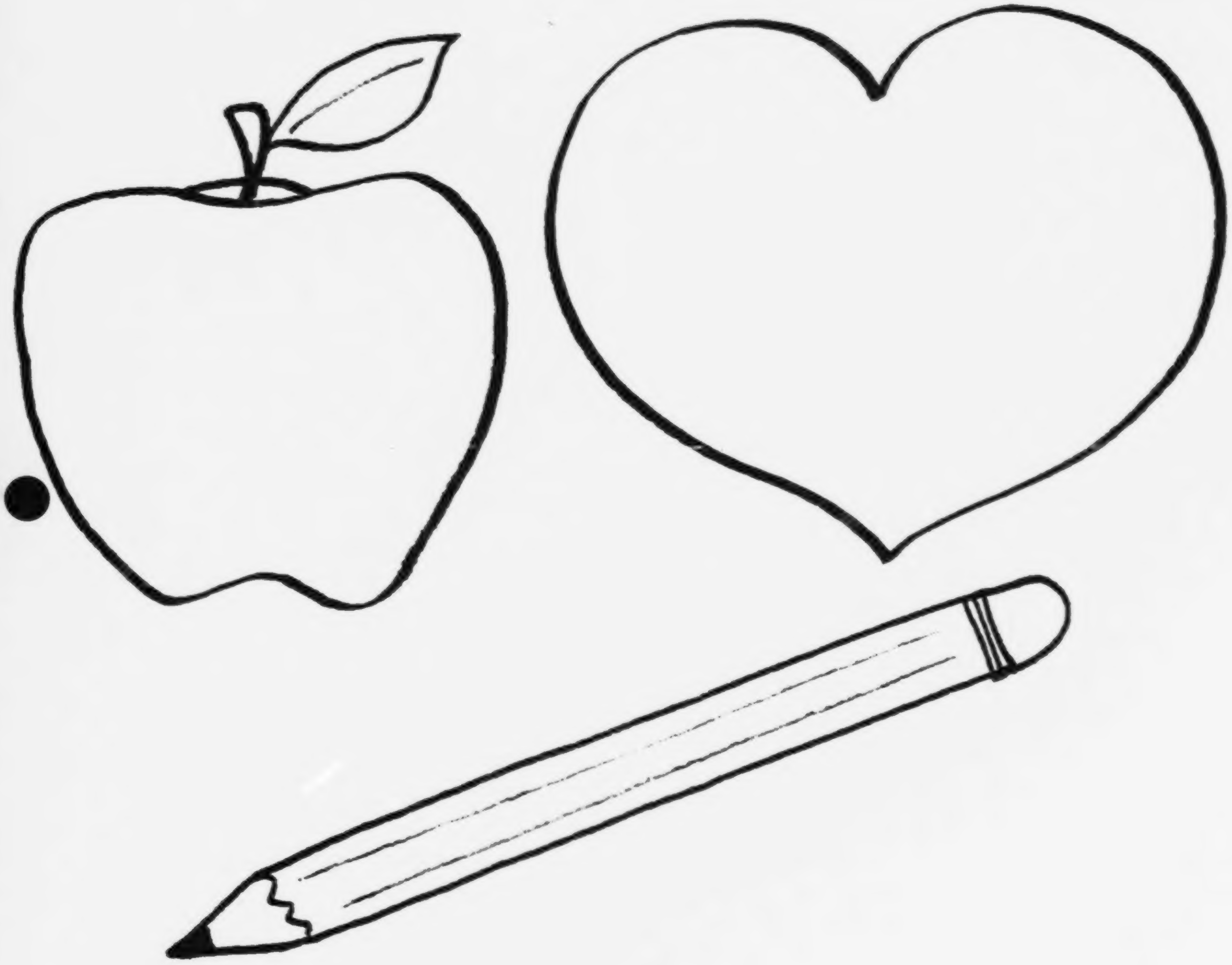
square, handkerchief, book: alike color? - no
alike shape? - yes
alike use? - no

RESOURCES:	ACTIVITY
Mirror	3. Ask students to look at themselves in the mirror and notice how they are like others (e.g. 2 eyes, ears, nose, mouth, teeth, hair, freckles, boy or girl).
Teacher Aid: "Getting to Know Me"	4. Read "Getting to Know Me" orally. Use hand, facial, and body gestures to act out the poem. Then have the children stand and join in as the teacher reads the poem orally again.
	5. Explore other ways people are alike in addition to the way they look. Have children give as many examples as possible. For example: Body Movements: walk, run, stretch Expressions: smile, frown, cry Activities: eat, sleep, go to school, play Feelings: feel happy, sad, scared, mad

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

VISUAL AID
K: B-1

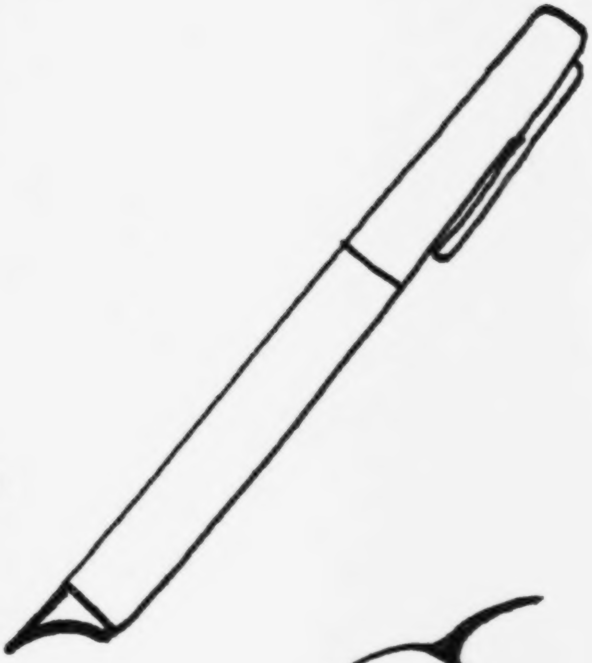
VISUAL AIDS

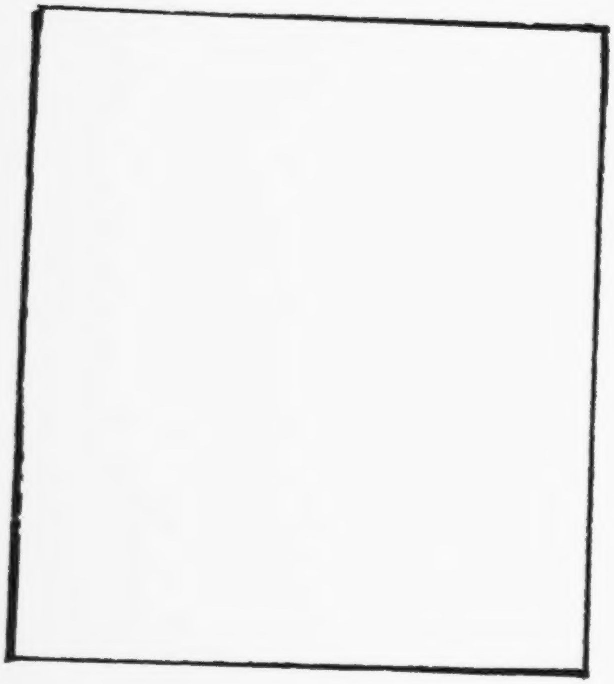


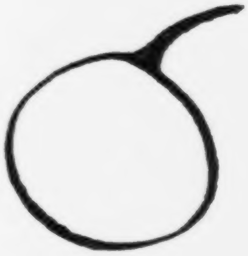
COLOR EACH OBJECT RED. CUT OUT.

VISUAL AID
K: B-1

VISUAL AIDS

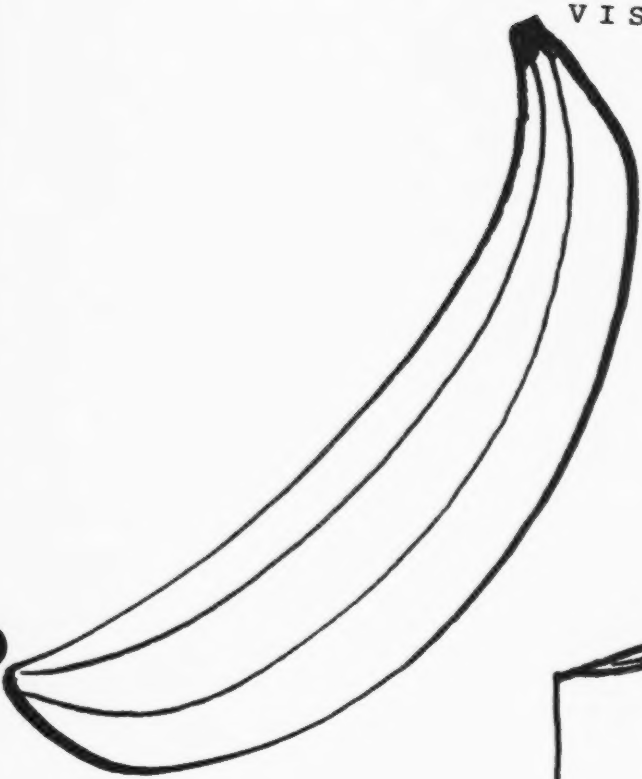


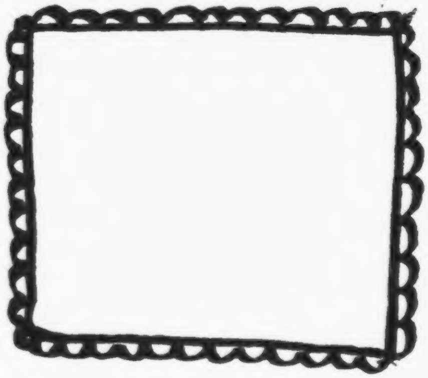


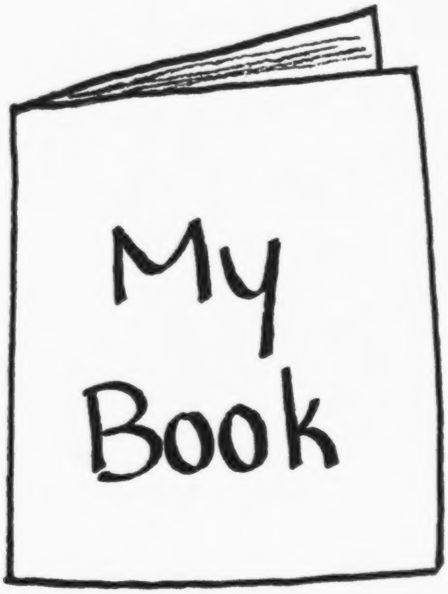


COLOR EACH OBJECT BLUE. CUT OUT.

VISUAL AIDS





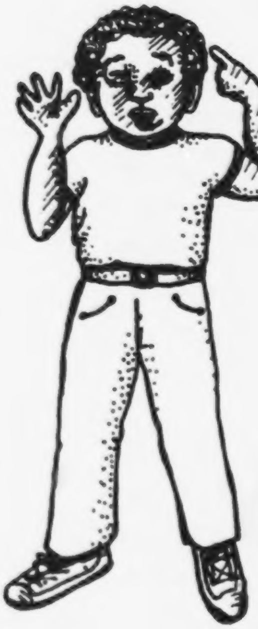


COLOR EACH OBJECT YELLOW. CUT OUT.

"Getting To Know Me" Fingerplays

TEACHER AID
K: B-1

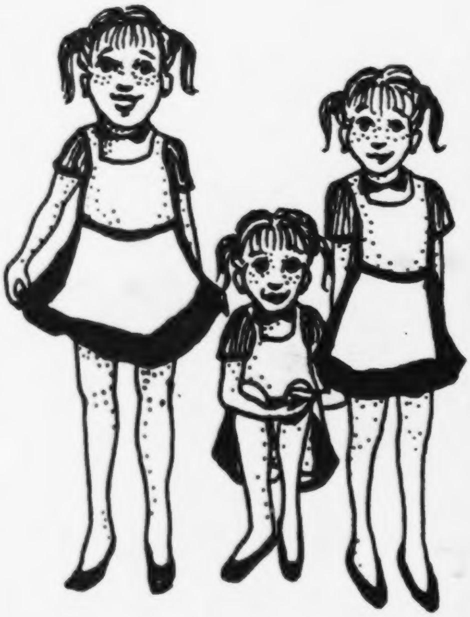
I have two little eyes that open and close,
Two little ears and one little nose,
Two little cheeks and one little chin,
Two little lips with teeth closed in.



My two eyes are winkers,
My one head, a thinker,
My two ears are hearers,
My ten fingers are feelers,
My one nose is a smeller,
My two lips are tellers,
My two feet are walkers,
My one tongue, a talker,
Winkers, thinkers, hearers,
Feelers, smellers, tellers,
Walkers, talkers - - - now you can see
A picture that is only ME!

This is the circle that is my head.
This is my mouth with which words are said.
These are my eyes with which I see.
This is my nose, that's a part of me.
This is the hair that grows on my head.
And this is my tummy to which I'm fed!

I stand on my tiptoes to make
myself tall.
I bend my knees to make myself
small.
I like to be tall; I like to be small.
But I like my own height best of all.



I look at myself and what do I see?
I see two eyes looking back at me.
One nose, two ears and a great big
smile -
And if I keep staring for awhile,
I see a person I like
From the top of my head
To the tip of my toes.

Goal: The student will demonstrate a positive self image.

Objective: Identify ways he or she is different from others.

Learning Concept Self-Esteem

Vocabulary: unique, special, alike, different, right, left

Academic Focus: Discrimination; Right and Left

RESOURCES:

ACTIVITY

1. Review concept ALIKE/DIFFERENT from the previous activity (K: B-1).
2. Tell students that during the last activity they learned how they were alike. Now they will learn how they are special or unique by being different. Mention eye, hair, and skin color; hair style; weight; height; teeth missing; freckles; glasses; etc.
3. Introduce the concept of right and left. Ask students to look at the person on their left and and say "I'm like ______ because ______." Then ask them to look at the person on their right and say "I'm different from ______ because ______."
4. Discuss other ways they are different which can not be known just by looking (e.g., favorite TV show, pets, something child does well, favorite food, family members).
5. Stress: DIFFERENT IS SPECIAL.
6. Let each child tell something special about him or herself. Help children to mention different things about themselves. For example, if two children want to say that they have a dog, help them to describe their dog in terms of breed, age, color, favorite trick, etc. in order to keep each child's response unique.

K: B-3

Goal: The student will demonstrate a positive self image.

Objective: Describe self in relation to family.

Learning Concept Self-Esteem

Vocabulary: family

Academic Focus: Discrimination; Fine motor skills

RESOURCES:

ACTIVITY

1. Explain that all people are alike because they are part of a family but that all families are different.

2. Discuss how families may differ:
   - a. size
   - b. members--two parents, one parent, grandparents, guardians
   - c. types of dwellings lived in--apartment, house, mobile home
   - d. pets
   - e. work done by members--include going to school for school-aged children plus chores

3. Distribute the handout, "My Family." Ask the children to draw all the members of their families doing something. Tell the children to be sure and include themselves. The family members may be inside or outside the house. Display the pictures in the classroom. Then send them home to share with family members.

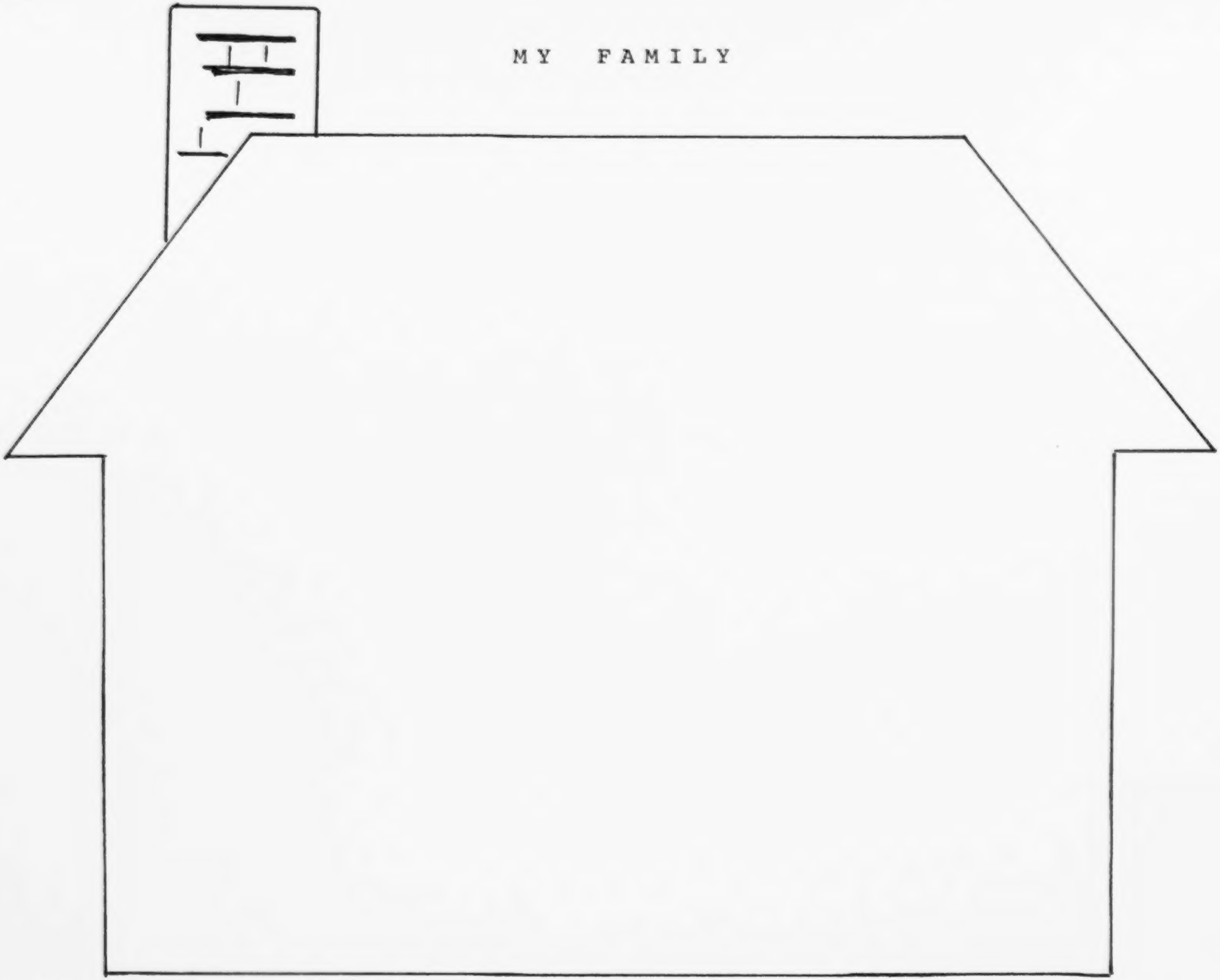
Handout:
"My Family"
Crayons

42

43

HANDOUT
K: B-3

MY FAMILY



Goal: The student will demonstrate desirable health practices.

Objective: Discriminate between safe edible and non-edible objects.

Learning Concept Information

Vocabulary: edible, non-edible, responsible

Academic Focus: Fine motor skills, oral language skills

RESOURCES:	**ACTIVITY**
	1. Tell children that they are going to learn about things that are safe to eat and things that are not.
Edible objects: banana apple cookie Non-edible: pencil eraser chair	2. Introduce edible and non-edible by comparing objects children can eat with those they cannot. Explain that you cannot always tell if something is edible by how it looks or smells (e.g. a refrigerator magnet that looks like a cookie, a sticker that smells like an orange). 3. Explain that not all things that can be eaten are good for you (e.g. glue, soap, dirt). 4. Discuss what to do if you are unsure about whether something is safe to eat (talk with a responsible adult such as a teacher, parent, babysitter).
Paper Crayons	5. Have the children draw a picture of their favorite food and a picture of something which is not good to eat. Display these around the room.

Goal: The student will demonstrate desirable health practices.

Objective: Distinguish between feeling sick and feeling healthy.

Learning Concept Information

Vocabulary: flu, measles, mumps, chicken pox, sick, healthy

Academic Focus: Rhythm

RESOURCES:

Record player
or tape player
Music:
peppy and draggy

ACTIVITY

1. Explain that we are going to learn the difference between the way you feel when you are sick and the way you feel when you are healthy.

2. Ask the children to tell you some things that make people sick (flu, cold, measles, mumps, chicken pox). Ask if any of the children have been sick this year. Talk about how they felt (tired, head hurt, stomach hurt, feverish).

3. Compare sick feelings with how we feel when we are healthy. Ask the children how they feel when their bodies feel good (lots of energy; happy; no aches or pains; ready to run, jump, and play).

4. Have the children stand by their desks. Explain that you are going to play some music and that everyone will act out how it makes them feel. Play some peppy, bouncey music and then some slow, draggy music. Talk about how the children felt when they heard the peppy music and how they felt when they heard the draggy music. Explain that when we feel healthy we feel bouncey like the peppy music, but when we feel sick we feel draggy like the slow music.

Goal: The student will demonstrate desirable health practices.

Objective: Identify factors affecting a healthy body.

Learning Concept Information

Vocabulary: healthy

Academic Focus: Art

RESOURCES:

Handout:
"Healthy Heather"

Crayons

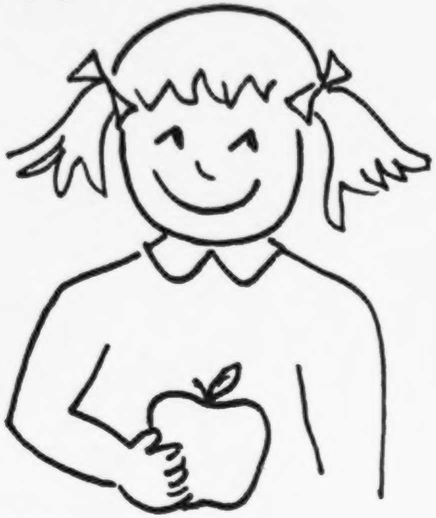
ACTIVITY

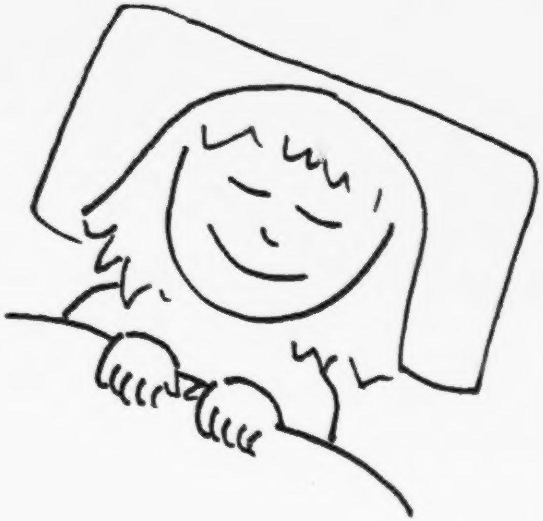
1. Explain to the children that there are many things we can do to keep our bodies healthy. Have the children name things they do every day in order to have healthy bodies (e.g. eat the right foods; run, jump, and play; get plenty of sleep; brush their teeth; take a bath; wear clothing appropriate for the weather). (Teacher may refer to a health textbook for additional information.)

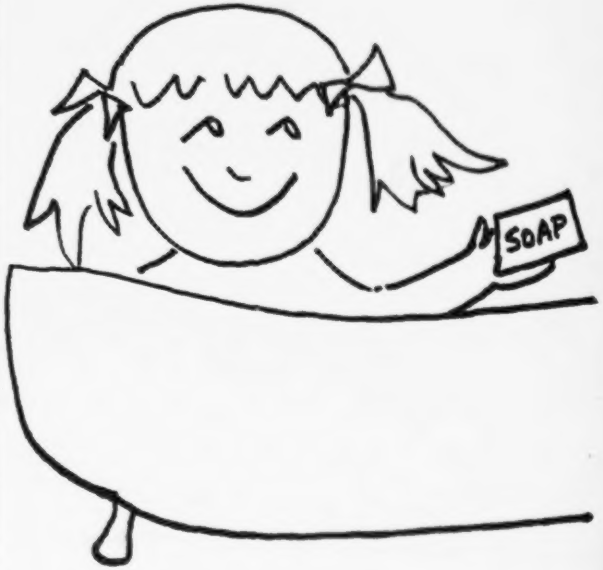
2. Distribute the handout. Have the children name the things Healthy Heather is doing to stay healthy.

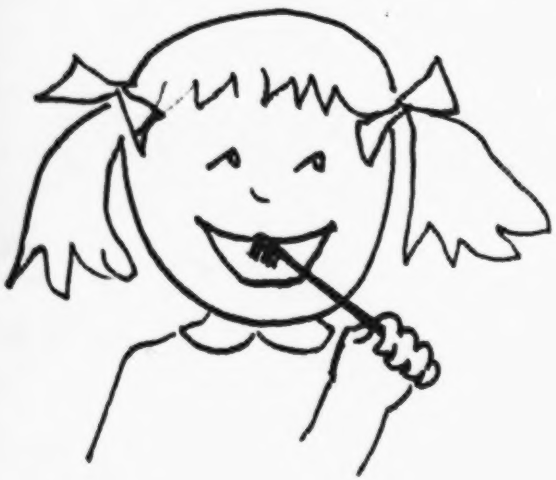
3. Have the children color Heather.

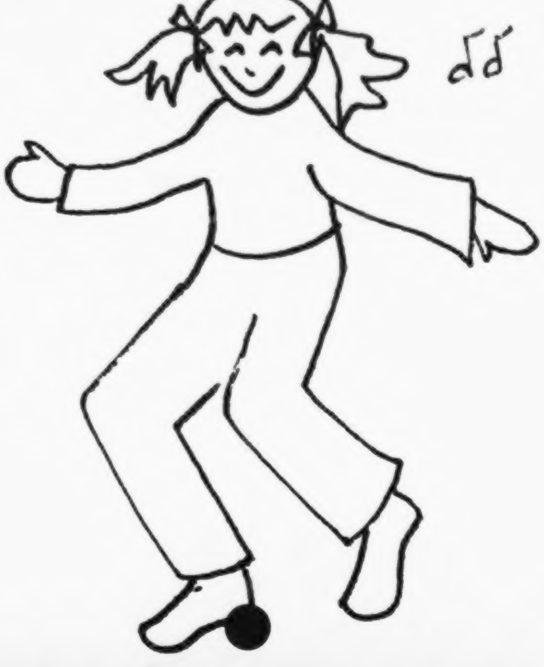
HANDOUT
K: C-3

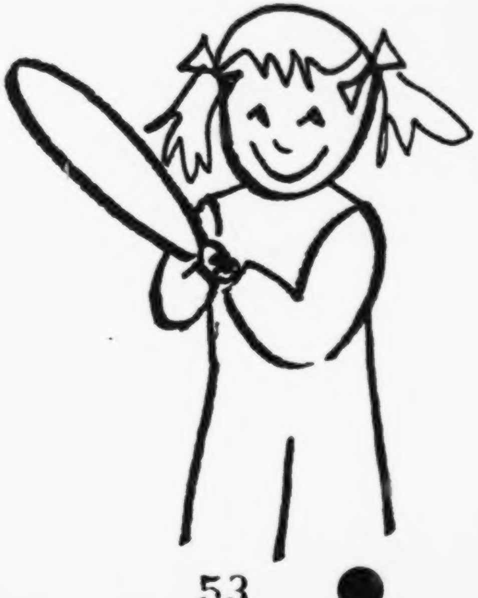












Goal: The student will demonstrate an understanding of individual and group activities.

Objective: Discuss activities performed alone.

Learning Concept Self-Esteem

Vocabulary: alone, activities

Academic Focus: Time of Day

RESOURCES:

ACTIVITY

1. Tell children that each person learns to do new things at a different time from each other. Some learn sooner than others, some learn later. Also, we all do different things better which is part of what makes us special. For example, we do not all run the same speed or count numbers the same or button our clothes as quickly. It is OK to do things in a different way from our classmates or brothers or sisters. Each person does something better.

2. Tell the children "we are going to play a game to show each other things we can do alone." This activity is played like charades. Divide the children into 2 groups. The first group will pantomime things done alone, either at home or at school. Before the group pantomimes an activity, someone from the group should whisper what they are going to do in the teacher's ear. The teacher will then keep time while the other group attempts to guess what they are acting out. Allow sufficient time for acting out the activity and guessing. Then switch roles and have the first group guess while the second group pantomimes an activity. This activity can continue for as many rounds as the teacher desires.

Goal: The student will demonstrate an understanding of individual and group activities.

Objective: Demonstrate activities performed with peers.

Learning Concept Self-Esteem

Vocabulary: Loud, quiet, activities

Academic Focus: Recognition of antonyms

RESOURCES:

ACTIVITY

1. Explain to students that friends are fun to play with. Ask each student to tell of an activity they enjoy doing with a friend. Ask each student to tell if the activity they described is a QUIET activity or a LOUD activity.

2. Ask:
   - Where can we enjoy quiet activities with our friends?
   - Where can we enjoy loud activities with our friends?

3. Tell students that they may enjoy a quiet activity inside with a friend for 15 minutes. Then the class will go outside and play a loud activity for 15 minutes. (Any quiet activity within the classroom is acceptable; any active game for outside activity.)

4. After students return, discuss the activities. What was the best thing about each? Did they enjoy the same friends during both activities? Why is it important to play both quiet and loud activities?

Goal:

The student will demonstrate an understanding of individual and group activities.

Objective:

Discuss activities performed with family.

Learning Concept Self-Esteem

Vocabulary: family, provide

Academic Focus: Sentence Completion

RESOURCES:

ACTIVITY

1. Discuss with children what families provide (give) for each of them. Include how families provide for:
    a. physical needs - safe environment - shelter
    - clothing - protection
    - food
    b. emotional needs- eating together - hugging
    - sharing - talking
    c. guidance/teaching -rules - discipline
    - education - church

2. Identify specific activities that each child's family does together that the child enjoys.

3. Have each child orally complete the following sentence about a specific family member (e.g., mother, father, brother, sister, aunt, grandmother):
"I FEEL GOOD WHEN MY ________________ ______________________________."
Family member Behavior

(e.g., I feel good when my mother tucks me into bed at night.)

K: EVALUATION COMPONENT

1. Touch your knee with your left hand.
2. What body part do we use to smell? (Nose)
3. What does the heart do? What do our lungs do? (pumps blood throughout our bodies; regulates the intake and outflow of oxygen into our bodies)
4. Name three red objects that have different shapes.
5. Name three objects that have the same shape.
6. Name one edible object and one non-edible object.
7. Tell three things one can do to keep his/her body healthy.
8. Describe a time when someone in your family did something for you or with you that you enjoyed.

LEVEL K-3

GOALS AND OBJECTIVES

GRADE 1

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
1: A-1	29	Information	The student will develop an understanding of factors affecting a healthy body.	Discuss the effects of exercise on a healthy body.	H/PE - 1
1: A-2	30	Information	(same as above)	Discuss the effects of rest on a healthy body.	H/PE - 1
1: A-3	31	Information	(same as above)	Discuss the effects of food on a healthy body.	H/PE - 1; C8; C26 S - C16
1: B-1	32	Self-Esteem	The student will develop an appreciation of him/herself as a unique individual.	Explore individual likes and dislikes.	H/PE - 5
1: B-2	34	Self-Esteem	(same as above)	Describe individual behaviors resulting in a sense of accomplishment.	H/PE - 5; 6 OC - 49
1: B-3	37	Self-Esteem	(same as above)	Verbalize acceptance and value of self.	H/PE - 5
1: C-1	44	Information	The student will demonstrate a knowledge of the dangers of the improper use of toxic substances.	List common household products.	H/PE - 29
1: C-2	45	Information	(same as above)	Identify potentially harmful substances in the home environment.	H/PE - 29

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
1: C-3	48	Information	(same as above)	Discuss safe storage practices in the home environment for potentially harmful substances.	H/PE - 29 OC - 44; 46
1: D-1	51	Self-Esteem	The student will demonstrate the ability to identify feelings.	Name feelings.	OC - 4; 41 SS - 2
1: D-2	54	Self-Esteem	(same as above)	Discuss the universality of feelings.	OC - 4
1: D-3	61	Self-Esteem	(same as above)	Recognize that feelings are dynamic.	OC - 3; 4

Goal: The student will develop an understanding of factors affecting a healthy body.

Objective: Discuss the effects of exercise on a healthy body.

Learning Concept Information

Vocabulary: exercise, active

Academic Focus: Art, motor coordination

RESOURCES:	ACTIVITY
Paper Crayons	1. Introduce the concept of quiet play versus active play. Have the children name different types of active play they enjoy (e.g. swimming, running, dancing, jumping rope, playing ball). 2. Talk about the importance of active play for a healthy body. Explain that it helps make the heart and lungs strong so they can keep the body working well. It also helps build strong muscles and it helps make the body tired so we can rest at night. 3. Have the each child draw a picture of him/herself engaged in their favorite kind of active play and hang these around the room. 4. Allow the children an extra 15 minutes outside or in the gym with the specific intent of playing for health.

1-A-2

Goal: The student will develop an understanding of factors affecting a healthy body.

Objective: Discuss the effects of rest on a healthy body.

Learning Concept Information

Vocabulary: rest

Academic Focus: Listening skills

RESOURCES:	**ACTIVITY**
Story	1. Reinforce the previous lesson on active play. State that rest is also important for a healthy body. Lead a discussion on how the children feel when they do not get enough rest (tired, fussy, no energy for playing). Ask if any of the children have younger brothers or sisters. Have those who do describe how their brothers or sisters act when they miss their naps. 2. Explain that rest is very important for keeping all the parts of the body running smoothly. It gives the body time to recharge itself after working and playing hard. Rest gets the body ready to run, jump, and play again. 3. Set aside some time for a restful activity. Read the class a peaceful story and then have the children rest their heads on their desks for 3 - 10 minutes, as appropriate for the class.

Goal: The student will develop an understanding of factors affecting a healthy body.

Objective: Discuss the effects of food on a healthy body.

Learning Concept Information

Vocabulary: healthy snacks

Academic Focus: Art

RESOURCES:	ACTIVITY
Magazines, Paper Scissors, Glue	1. Reinforce that active play and rest are important for a healthy body. Explain that the body also needs food in order to run smoothly. Compare the body to their mother's or father's car. The car needs gas so it can keep running. In the same way, our bodies need food for energy so we can work and play. 2. Discuss the importance of eating healthy snacks on the body. Explain that some snacks help the body grow strong and run smoothly (e.g. apples, raisins, milk, oranges, bananas, carrots, celery, cheese, yogurt, plums, etc.). Others are not so good for the body (e.g. snacks that have a lot of sugar or artificial sweeteners in them such as sodas, bubblegum, candy bars, cookies, etc.). We can eat snacks from both groups if our parents let us, but it is important to include some healthy snacks and not too many of the others. 3. Have the students cut out examples of their favorite healthy snacks from magazines and make collages. If magazines are unavailable, children may draw their own examples and assemble collages.

Goal: The student will develop an appreciation of himself/herself as a unique individual.

Objective: Explore individual likes and dislikes.

Learning Concept Self-Esteem

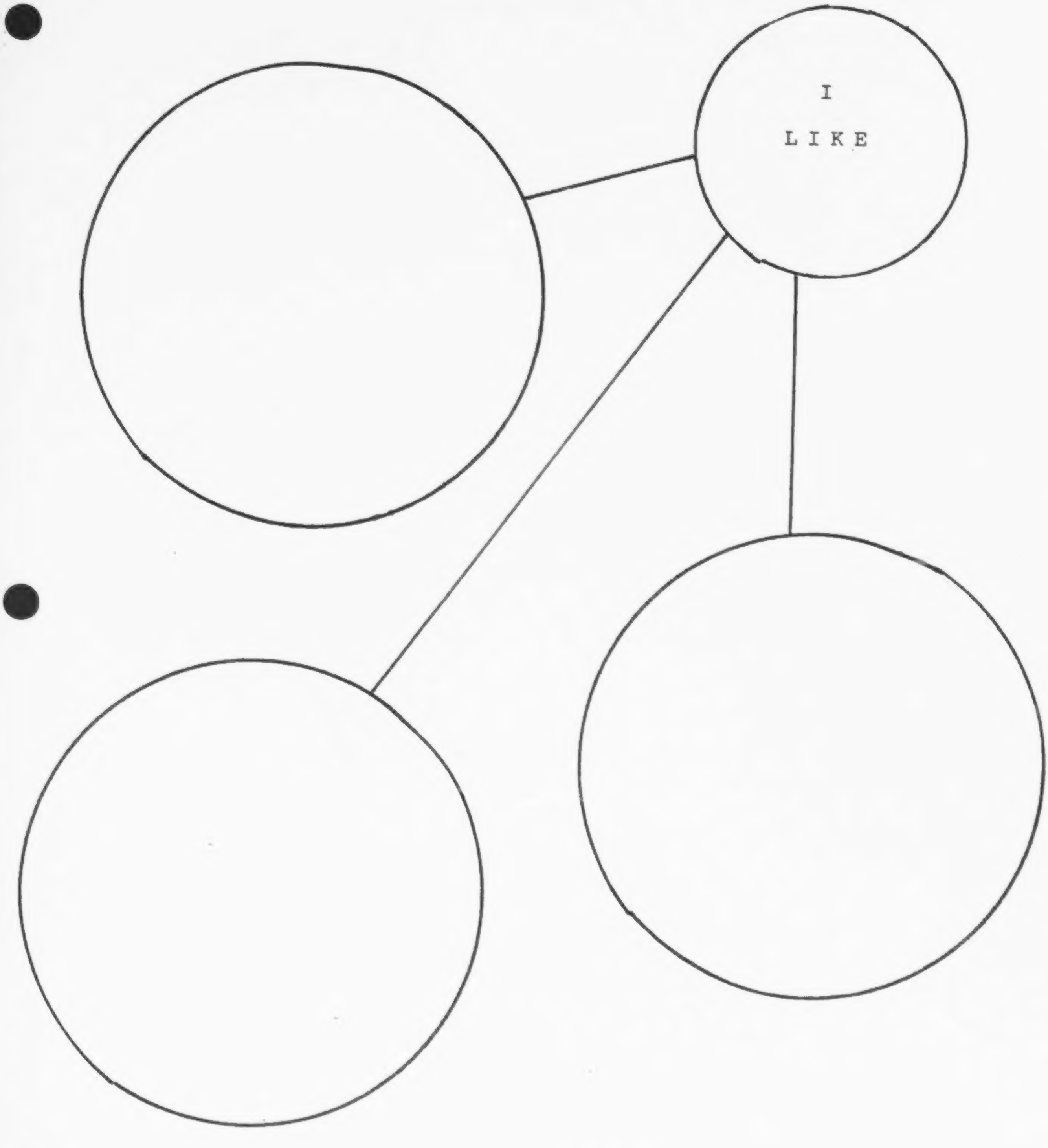
Vocabulary: like, dislike, favorite, better, best, compare

Academic Focus: Language Concepts

RESOURCES:	**ACTIVITY**
Handout: "Favorites" Crayons	1. Discuss with students that we all have FAVORITE things--things we like BEST. Let each student name one "favorite." 2. Compile a list generated by children of "Things" that can be compared to determine which is liked BETTER. (e.g., colors, school subjects, games, person to visit, foods, TV programs, sports, pets, etc.) 3. After the list is generated, have two children each name one color (e.g., red and blue). Tell children that when we choose our favorite between two things, we are choosing the thing we like BETTER. Ask a third child: "Which color do you like BETTER - red or blue? Why?" Repeat with comparisons of several things from the list. 4. Tell children that when we pick a favorite from among three or more choices, we are choosing the one we like BEST. Give examples of three things (e.g., dog, cat, rabbit) and ask "Which pet do you like BEST? Why?" 5. Distribute copies of the handout: "Favorites." Let each child fill in the circles with drawings of their "favorites." Help children generate possibilities (e.g., color, food, season of year, outside activity).

FAVORITES

HANDOUT 1: B-1



Goal: The student will develop an appreciation of himself/herself as a unique individual.

Objective: Describe individual behaviors resulting in a sense of accomplishment.

Learning Concept Self-Esteem

Vocabulary: Need-A-Helper, "Nita Helper"

Academic Focus: Language Arts

RESOURCES:	ACTIVITY
Teacher Aid: "Need-A-Helper"	1. Introduce story, Need-A-Helper: "Nita Helper always thought she needed someone to help her in everything she did. Listen as I read this story about her." 2. Read story: Need-A-Helper. 3. Discuss the following questions with the students: a. Tell the things you think Nita Helper could do by herself, but always wanted someone to help her do. b. Why should Nita learn to do things by herself instead of always relying on others to help her? c. What do you think might happen to Nita if she continues to depend on other people too much? d. Tell some reasons why you think it's important for people to learn to do things by themselves.
Tape recorder	4. Let each child speak into the tape recorder and complete the following statements: My name is _______. One thing I can do well by myself is ____________.

RESOURCES:

ACTIVITY

5. Play the tape back to the class and stress that each child can do something well.

From PEOPLE NEED EACH OTHER, IP 633
by Cherrie Farnette, Imogene Forte, and Barbara Harris
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NEED-A-HELPER

Nita Helper woke up every morning and called to her family, "I can't find anything to wear. Will someone help me find something?"

Every day, on her way to school, Nita would ask someone to carry her things.

Nita was a very good student, but still, she would always say, "I've got so much work to do. Won't someone help me?"

After school, when Nita was supposed to clean her room, she would always ask friends to come in and help her make her bed and put away her toys.

After dinner, Nita often complained, "I don't know what to do. There's no one here to play with me." In fact, Nita Helper could do many things, but she never seemed to want to do anything by herself. For example, she always asked someone to help her take her bike out of the garage, to help her pick out a library book, to help her get ready for bed, and so on, and so on, and so on...

Goal: The student will develop an appreciation of himself/herself as a unique individual.

Objective: Verbalize acceptance and value of self.

Learning Concept Self-Esteem

Vocabulary: loveable, valuable

Academic Focus: Reading

RESOURCES:

Handout:

Booklet
"I Am Special"

[Before class make copies and staple together.]

ACTIVITY

1. Distribute booklets "I Am Special." Tell children, "This booklet is full of fun, ideas, and questions about them. It will help you enjoy being you."

2. Read booklet orally in class. Complete the following activities orally in class: (Teacher models by responding to questions first)
   - Tell one thing nice you do for yourself.
   - Say one nice thing about yourself.
   - Tell some of the things you can do.
   - Show an exercise you like to do.

3. Send the booklet home with the child. Ask them to share it with their family by reading it together. Draw pictures at home to answer the questions.

HANDOUT 1: B-3

I AM SPECIAL

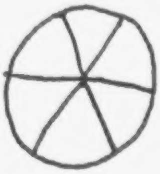
I ____________________________________ AM A VERY SPECIAL PERSON.

I AM LOVEABLE, HUGGABLE, AND LOTS OF FUN!

IT IS OK FOR ME TO LIKE MYSELF AND TO BE MY OWN SPECIAL FRIEND.

BEING MY OWN SPECIAL FRIEND MEANS THAT WHEN I FEEL SAD OR LONELY, I CAN DO SOMETHING NICE FOR ME LIKE:

LISTEN TO MUSIC
PLAY WITH MY PET
HUG MYSELF (REAL HARD!)
BOUNCE A BALL
JUMP ROPE
RIDE MY BIKE.



HANDOUT 1: B-3

(DRAW A PICTURE OF SOMETHING SPECIAL YOU CAN DO FOR YOU.)

HANDOUT 1: B-3

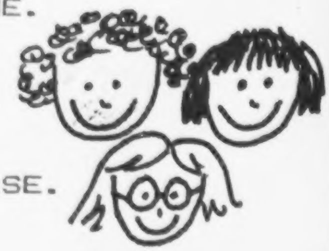
BEING MY OWN SPECIAL FRIEND MEANS:

I CAN SAY NO WHEN SOMEONE WANTS ME TO DO SOMETHING I DON'T LIKE.

IT IS OK IF EVERYONE DOESN'T LIKE ME.

I CAN DO THINGS MY OWN WAY.

I CAN BE DIFFERENT FROM EVERYONE ELSE.

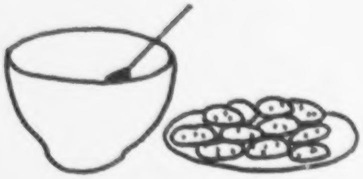


BEING MY OWN SPECIAL FRIEND MEANS LIKING ME AS I AM!

(DRAW A PICTURE OF SOMETHING YOU LIKE ABOUT YOURSELF.)

BEING MY OWN SPECIAL FRIEND MEANS I AM PROUD OF THE THINGS I DO WELL:

- RUN
- JUMP
- COLOR
- PAINT
- RIDE MY BIKE
- BAKE COOKIES



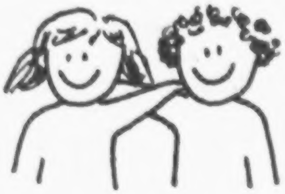
(DRAW A PICTURE OF SOMETHING YOU DO WELL.)

BEING MY OWN SPECIAL FRIEND MEANS GETTING SOME EXERCISE EVERY DAY TO HELP MY BODY STAY HAPPY:

SKATE
CLIMB
RUN
WALK
JUMP ROPE
PLAY BALL.

(DRAW A PICTURE OF SOME KIND OF EXERCISE YOU LIKE TO DO.)

BEING MY OWN SPECIAL FRIEND MEANS I CAN BE A GOOD FRIEND TO OTHERS, TOO.



A GOOD FRIEND:

SHARES SPECIAL THINGS.

KNOWS ITS OK FOR EVERYONE TO BE DIFFERENT.

TELLS OTHERS NICE THINGS ABOUT THEMSELVES.

I AM A VERY SPECIAL PERSON AND I LIKE ME!

(GIVE YOURSELF A BIG HUG AND A SMILE!)

Goal: The student will demonstrate a knowledge of the dangers of the improper use of toxic substances.

Objective: List common household products.

Learning Concept Information

Vocabulary: detergent, bleach, container, household products, edible, non-edible

Academic Focus: Identification

RESOURCES:	**ACTIVITY**
Sample products: detergent shampoo lotion soap bleach Chalkboard Chalk	1. Review the concept of edible versus non-edible objects. Explain that there are many different products found in the home which are not edible. Display the sample containers in the front of the room. Identify the sample products and their uses in the home. Have the students identify other household products with which they are familiar. Place a list of these on the board. 2. Focus on ways to identify common, non-edible household products (e.g. container, how the product is used, where the product is stored in the home). Stress that such products can be harmful if used incorrectly. Explain to the children that they should always seek the advice of an adult before handling unfamiliar products in the home.

Goal: The student will demonstrate a knowledge of the dangers of the improper use of toxic substances.

Objective: Identify potentially harmful substances in the home environment.

Learning Concept Information

Vocabulary: harmful, hazardous, dangerous

Academic Focus: Categorization

RESOURCES:

ACTIVITY

1. Present the terms "harmful," "hazardous," and "dangerous" to the students. Explain that while common household products are helpful they can also be harmful if they are used inappropriately. Have the students name some common household products which can be harmful if misused. Tell the students that some household products have labels which identify them as potentially harmful, but that not all hazardous products have such labels.

2. Place the following categories and examples of potentially harmful products on the board and discuss:

Medicines
pills
prescription drugs
ointments

Household Cleaners
bleaches
oven, drain or bathroom cleaners

Paint Supplies
varnish
turpentine
paint and remover

Pesticides
bug killers
lawn products

RESOURCES:

ACTIVITY

Automotive Products
gasoline
antifreeze
car polish

Yard Supplies
lighter fluid
fertilizer

Cosmetics
hair dye
peroxide
polish remover
cologne, aftershave
aerosols

Alcohol/Tobacco
beer
wine
liquor
cigarettes
cigars
chewing tobacco
snuff

Other Substances
glue
plants

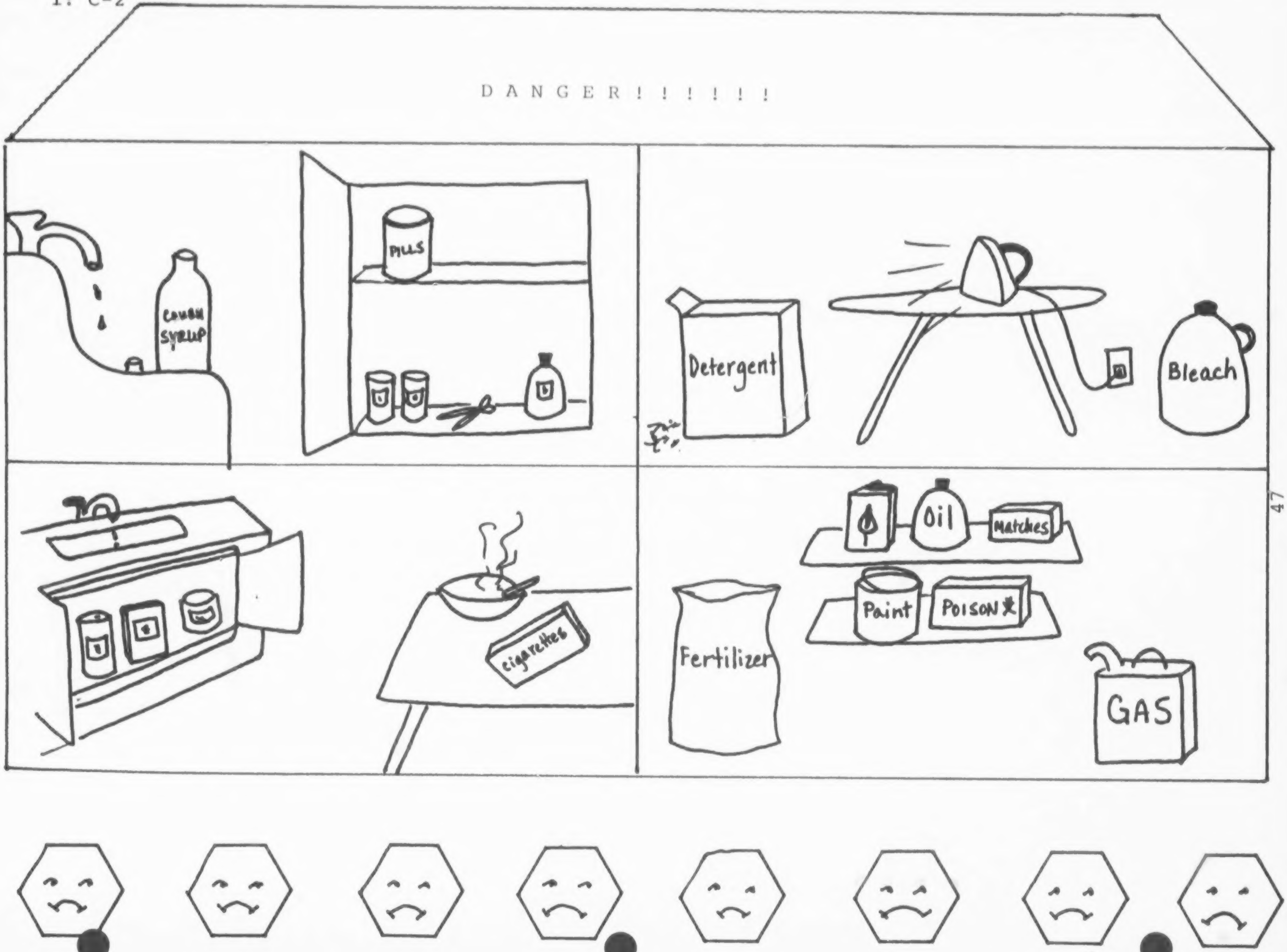
Handout:
"Danger"
Scissors
Glue

3. Distribute the handout. Tell the students that there are some potentially dangerous products in the picture. Have the students identify these products by gluing a danger label cut from the bottom of the handout on each hazardous item.

4. Discuss the students' responses.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
1: C-2


DANGER!!!!!!
COUGH SYRUP
PILLS
Detergent
Bleach
Oil
Matches
Paint
POISON
cigarettes
Fertilizer
GAS

Goal: The student will demonstrate a knowledge of the dangers of the improper use of toxic substances.

Objective: Discuss safe storage practices in the home environment for potentially harmful substances.

Learning Concept Information

Vocabulary: danger label, danger alert, storage

Academic Focus: Identification

RESOURCES:	ACTIVITY
Handout: "Danger Alert" Letter & Checklist Pencil	1. Explain to the students that potentially harmful household products should be stored safely in the home. Lids should be tightly closed. Products should be stored out of the reach of young children. Products should be clearly labeled with the name of the item and a danger label. Products should be stored away from heat. 2. Ask the students for examples of what could happen if one of the safety steps was not followed. 3. Distribute the handout. Explain to the students that they are going on a "Danger Alert" to make sure that all potentially hazardous products are stored safely in their homes. Read the "Danger Alert" letter to the students. Then ask them to sign their names on the letter. Read the "Danger Alert" checklist to the students. Tell the students to take the letter and the handout home to be completed and returned the following day. Emphasize that the "Danger Alert" exercise must be done with an adult.

RESOURCES:	**ACTIVITY**
	4. Discuss the students' responses on the following day. Have them identify some examples of safe/unsafe products they found; products which were safely/unsafely stored; and any changes made in their homes following the exercise.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 1: C-3

DANGER ALERT LETTER

Dear Family,

Our class has been learning about household products that could be dangerous. Please help me to go on a Danger Alert to find these unsafe products.

As we go on our Danger Alert, help me check off that the dangerous products have been safely stored as listed below:

1. lids are on tight
2. out of reach of children
3. clearly labeled with a name and danger label
4. stored away from heat.

Thank you for helping me on my Danger Alert project.

Love,

____
(name)

DANGER ALERT CHECKLIST

Product	Safely Stored
Alcohol	
Prescription medicines	
Over the counter medicines	
Gasoline	
Paint	
Household cleaners	
Poisonous plants	

Goal: The student will demonstrate the ability to identify feelings.

Objective: Name feelings.

Learning Concept Self-Esteem

Vocabulary: feelings, surprised, disappointed, nervous

Academic Focus: Language Development

RESOURCES:

ACTIVITY

1. Introduce the word "FEELINGS" on the board. Discuss the following:
    a. Feelings are inside us.
    b. Feelings give us a message--they tell us when we are sad, happy, scared.
    c. Everyone has feelings but not everyone feels the same at the same time.
    d. Feelings are usually connected with something that happens. For example,
        We receive a gift; we feel happy or surprised.
        We lose a toy; we feel sad or angry.
        Someone yells at us; we feel sad or scared.
    e. Feelings can change.

2. Ask for examples of when students had a particularly happy or sad feeling.

3. Generate a list of feelings. Students may have difficulty with this activity. If so describe situations, and ask the students to tell how they might feel. (e.g., happy, sad, scared, curious, afraid, tired, frisky, surprised, angry, bored, hurt, disappointed, lonely, glad, nervous, mad, loved)

4. Ask different children to complete the following sentences using as many different feeling words as possible.
    When I play with my pet, I feel ___.
    When I fight with a friend, I feel ___.

RESOURCES:

Handout:
"How I Feel Today"

Crayons

ACTIVITY

When I go into a dark room by myself, I feel ___.
When I find a package for me, I feel ___.
When I try to do something I've never done before, I feel ___.
On Saturdays, I feel ___.
When I need help with something, I feel ___.
On my birthday, I feel ___.
When someone pushes me, I feel ___.
When I watch TV, I feel ___.
When my mom scolds me, I feel ___.
When my best friend moves away, I feel ___.
When I finish all my work, I feel ___.
When someone yells at me, I feel ___.
When someone smiles at me, I feel ___.
When I get a hug, I feel ___.
After a nap, I feel ___.

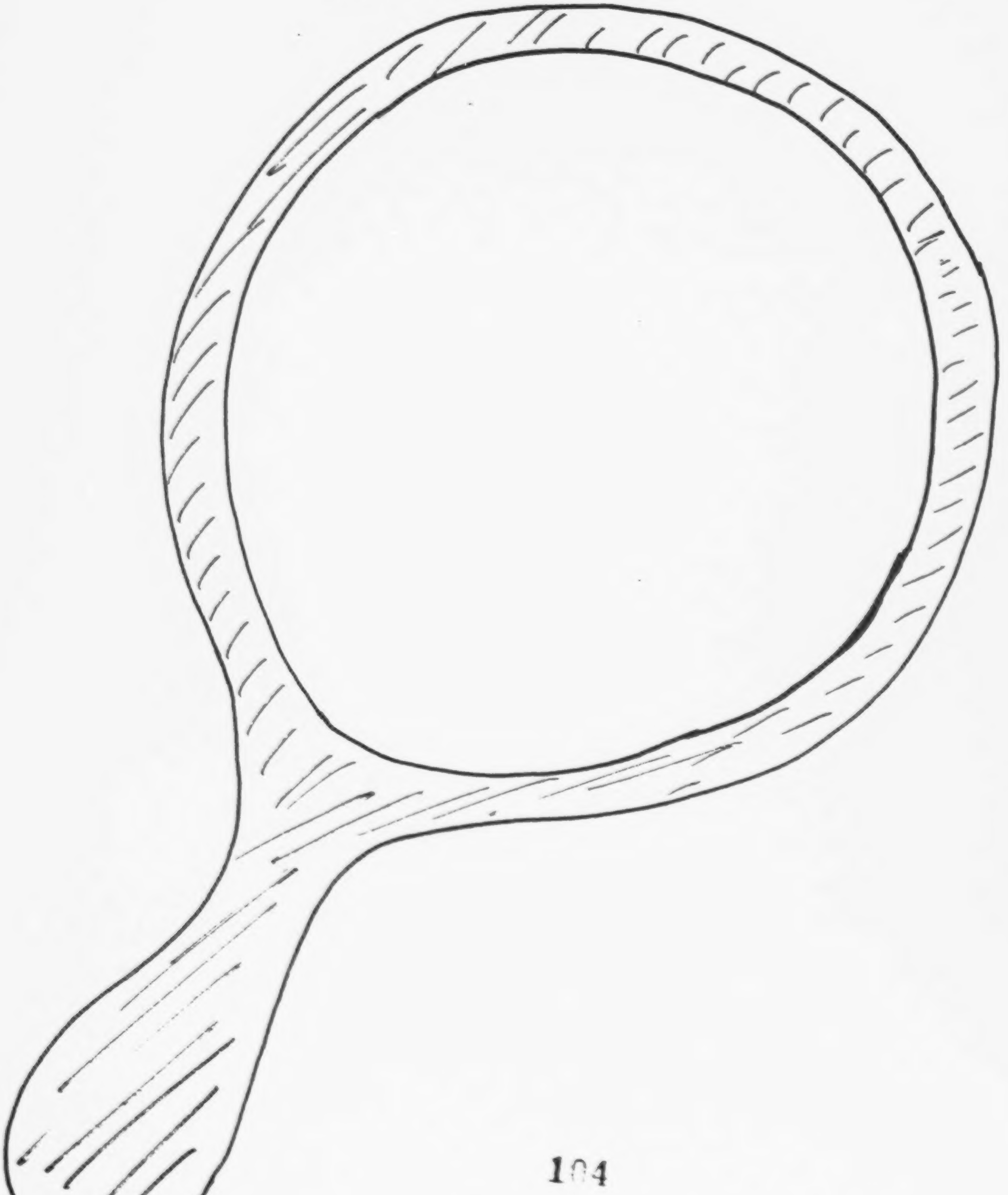
5. Tell children that it is OK to show others how we feel. Ask: "What are ways we SHOW our feelings?" (Body movements, facial expressions, things we say) Demonstrate several feelings through body and facial gestures (happy, sad, angry) and ask children to guess the feeling. Let them point out how they were able to guess the feeling.

6. Let children pantomime several feelings while classmates guess the feeling.

7. Distribute handout: "How I Feel Today." Tell students to show how he/she feels today by drawing their "feeling face" in the mirror. Discuss.

HANDOUT
1: D-1

HOW I FEEL TODAY



Goal: The student will demonstrate the ability to identify feelings.

Objective: Discuss the universality of feelings.

Learning Concept Self-Esteem

Vocabulary: Thermometer

Academic Focus: Science

RESOURCES:	**ACTIVITY**
Handout: Booklet- "I Feel"	1. Distribute booklets: "I Feel." Tell students, "This booklet tells us that feelings are our friends. We all have feelings."
	2. Read orally in class.
Handout: "Feeling Thermometer" Red crayon	3. Discuss what a thermometer is and does. (A device for measuring temperature/heat. Filled with mercury that rises according to increases in heat.) Distribute two copies of the handout: "Feeling Thermometer." Tell children to record their FEELING for today and tomorrow by using a red crayon to fill in how they feel.

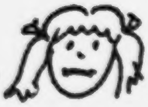
I FEEL

HANDOUT 1: D-2

FEELINGS ARE SPECIAL. WE ALL HAVE FEELINGS.

WE FEEL:
HAPPY

SAD

EXCITED
FRUSTRATED
DISAPPOINTED


PROUD
SCARED

GLAD

LONELY

FEELINGS ARE IMPORTANT BECAUSE THEY HELP US TAKE CARE OF OURSELVES. FEELINGS TELL US:

WHEN WE ARE LONELY AND NEED A FRIEND,
WHEN WE ARE HAPPY AND WANT TO LAUGH AND SING,
WHEN WE ARE SCARED AND NEED A HUG,
WHEN WE ARE TIRED AND NEED SOME REST,
WHEN WE ARE EXCITED AND WANT TO JUMP AND SHOUT.

FEELINGS CAN BE VERY GOOD FRIENDS.

(DRAW A PICTURE OF SOMETHING THAT MAKES YOU FEEL HAPPY.)

HANDOUT 1: D-2

SOMETIMES FEELINGS HURT, LIKE WHEN YOUR BEST FRIEND MOVES AWAY, OR YOUR DOG DIES, OR SOMEONE YOU LOVE IS ANGRY WITH YOU.

EVEN FEELINGS THAT HURT ARE OK. IT IS IMPORTANT TO LET THE FEELINGS THAT HURT OUT INSTEAD OF HOLDING THEM INSIDE OR PRETENDING THEY AREN'T THERE.

CRYING AND TALKING ABOUT HOW WE FEEL CAN HELP US GET OVER HURT FEELINGS.

(DRAW A PICTURE OF SOMEONE YOU CAN TALK TO WHEN YOU HAVE FEELINGS THAT HURT.)

HANDOUT 1: D-2

SOMETIMES WE PRETEND WE DON'T HAVE FEELINGS, BUT WE ALL DO.

ANGER IS ONE FEELING PEOPLE PRETEND NOT TO FEEL. WE ALL FEEL ANGRY SOMETIMES THOUGH. IT IS OK TO FEEL ANGRY. FEELING ANGRY LETS US KNOW WHAT WE THINK IS FAIR AND HOW WE WANT TO BE TREATED BY OTHER PEOPLE.

WHEN WE FEEL ANGRY, WE SHOULD LET THOSE FEELINGS OUT INSTEAD OF HOLDING ONTO THEM OR PRETENDING THEY ARE NOT THERE. DOING THOSE THINGS CAN MAKE US FEEL EVEN WORSE.

(DRAW A PICTURE OF SOMETHING THAT MAKES YOU FEEL ANGRY.)

FEELINGS CAN BE VERY GOOD FRIENDS.

FEELINGS HELP US KNOW OURSELVES.

THEY TELL US WHAT WE LIKE AND WHAT WE DON'T LIKE.

THEY TELL US HOW WE WANT TO BE TREATED.

THEY TELL US WHAT IS OK FOR US AND WHAT IS NOT OK.

FEELINGS HELP US DECIDE:

HOW TO ACT AND

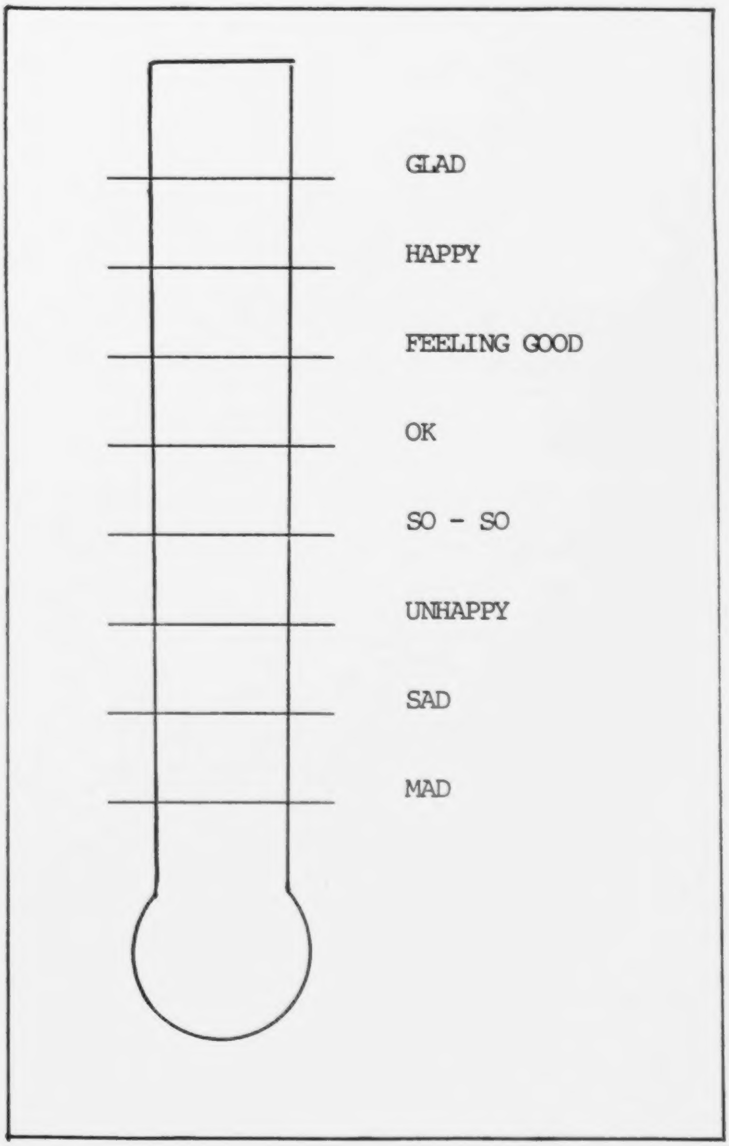
WHAT TO SAY.

FEELINGS ARE OK!

(DRAW A PICTURE OF HOW YOU ARE FEELING NOW.)

HANDOUT 1: D-2

FEELING THEROMETER


GLAD
HAPPY
FEELING GOOD
OK
SO - SO
UNHAPPY
SAD
MAD

Goal: The student will demonstrate the ability to identify feelings.

Objective: Recognize that feelings are dynamic.

Learning Concept Self-Esteem

Vocabulary: change, happy, sad

Academic Focus: Sequencing; Oral communication

RESOURCES:

Paper plates or heavy white paper cut into circles

Crayons

ACTIVITY

1. Ask students, "Do you always feel sad or always feel happy?" Explain that feelings can CHANGE and that feelings are usually CONNECTED with something that happens.

2. Ask for examples of things that have happened which resulted in the child feeling sad or happy.

3. Generate other feeling words which mean the same as happy or as sad.

4. Tell students that they are going to make "feeling faces" to show how they feel when things happen around them.
   a. Distribute circles of paper.
   b. Draw and color a happy face on one side of the circle and a sad face on the other.

5. Read the following statements. Ask the students to turn the face which shows how they would feel in that situation toward the teacher. (If they are unsure how they would feel, they may place their "feeling face" on their desk.)

   How do you feel when.....
     someone yells at you?

RESOURCES:

ACTIVITY

someone smiles at you?
nobody plays with you?
someone hits you?
people say nice things about you?
someone breaks in line in front of you?
you help someone?
you lose your favorite toy?
your friend waits for you?
it's your birthday?
you break your friend's toy?
someone asks you to play with them?
you go on a picnic?

6. Stress that feelings change. They may even change many times during one day. Stress that we may feel different from our friends or even from our family. Help students generate examples of situations when their feelings changed or when their feelings were different from friends or family.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

1: EVALUATION COMPONENT

1. How does active play help to keep the body healthy? (develops a strong heart to pump blood, lungs strong to regulate air intake, builds strong muscles, makes the body tired so able to rest at night, improves appetite)

2. Name three healthy snacks. (e.g. fruit, ice cream, peanut butter sandwich, cheese)

3. Why should people learn to do things by themselves instead of always depending on others to help them? (allows individual to become independent, responsible, mature, make good decisions, learn new skills, feel good about themselves and what they can do)

4. Tell one thing you do to be nice to you.

5. How can you identify products that are non-edible and harmful if used incorrectly? (by the container, where stored, how used, by asking adult--cannot always tell by looks or smell, so should never put anything into mouth if not positive that it is edible)

6. Name three common household products that are harmful and dangerous if used incorrectly. (e.g. prescription drugs and medicines, bug killers, bleach, glue)

7. What is a "feeling"? Name three feeling words. (Feelings are emotions we experience inside that tell us what is happening, what we want, what is important to us, and how to take care of ourselves. Examples of feelings include lonely, sad, glad, angry, happy, scared, excited.)

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
2: A-1	66	Information	The student will develop a respect for the proper handling of medicines.	State reasons why medicines are helpful and necessary.	H/PE - C31
2: A-2	68	Information	(same as above)	Name people who should dispense medicine and identify safe storage areas for medicine.	H/PE - C31; 29
2: A-3	72	Information	(same as above)	Discuss medicine safety in terms of people, places and things.	H/PE - C31
2: B-1	75	Self-Esteem	The student will demonstrate positive personal attitudes.	Identify positive attributes in self.	H/PE - 34 MA - 1
2: B-2	78	Self-Esteem	(same as above)	Identify positive attributes in a friend.	H/PE - 34 OC - 37
2: B-3	79	Self-Esteem	(same as above)	Identify feelings.	H/PE - 34 SS - 2 OC - C31
2: C-1	83	Information	The student will demonstrate an understanding of the proper use of medicine.	Relate the purpose of labels on medicine and the difference between prescription and non-prescription drugs.	H/PE - C31

LEVEL K-3

GOALS AND OBJECTIVES

GRADE 2

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
2: C-2	86	Information	(same as above)	Distinguish between appropriate and inappropriate uses of medicine.	H/PE - C31; 21
2: C-3	88	Information	(same as above)	Compare the relationship of medicine with drugs in general.	H/PE - C31
2: D-1	98	Self-Esteem	The student will demonstrate the ability to generate and follow rules.	Generate reasons regarding the importance of rules, sharing, and taking turns.	H/PE - 20; 21 SS - 12
2: D-2	102	Self-Esteem	(same as above)	Examine choices and consequences in situations involving rules, sharing, and taking turns.	H/PE - 20; 21 SS - 12
2: D-3	104	Self-Esteem	(same as above)	Compile a list of individual responsibilities at home and at school.	H/PE - 20; 21; 6 SS - 12

Goal:

The student will develop a respect for the proper handling of medicines.

Objective:

State reasons why medicines are helpful and necessary.

Learning Concept Information

Vocabulary: medicine, necessary, helpful, sweaty, toothache, fever, disappointed, nervous

Academic Focus: Categorization

RESOURCES:	ACTIVITY
Handout: "Proper Use of Medicine" Pencil	1. Introduce the term medicine. Discuss the fact that we take medicine when we are sick in order to help our bodies become healthy again. However, if we take medicine when we are well, it could make us sick. Ask the students to name some situations in which someone might need to take medicine (headache, sore throat). Stress that we take medicine when our bodies hurt and not when our feelings hurt. 2. Distribute the handout. Have the students circle those situations in which medicine would be helpful and necessary. 3. Discuss the students' responses. Discuss those situations in which it would be wrong to take medicine. Ask them why it is right to take medicine in some situations and not in others. Have them think of other situations in which it might be helpful and necessary to take medicine. 4. Ask the students to list all the things they could do to feel better for all the situations that medicine would not help. For example: feel disappointed - to feel better one could play a game, talk with a friend, or read a favorite book.

HANDOUT 2: A-1

PROPER USE OF MEDICINES

Circle the times when it would be helpful and necessary to take medicine.

I take medicine when I:

1. am Sweaty
2. have a Toothache
3. feel Disappointed
4. feel Mad
5. feel Happy
6. have a Headache
7. have a Cut
8. feel Left Out
9. feel Nervous
10. have a Burn
11. am Crying
12. feel Lonely
13. have a Fever

Goal:

The student will develop a respect for the proper handling of medicine.

Objective:

Name people who should dispense medicine and identify safe storage areas for medicine.

Learning Concept Information

Vocabulary: supervision, responsible, dispense, label, safe storage, hazards

Academic Focus: Vocabulary development

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Reinforce the idea that we take medicine when our bodies hurt, but not when our FEELINGS hurt. Explain that in our last lesson about medicine, we talked about when medicine is helpful and when to do something besides take medicine to feel better. Today, we'll learn about who should give us medicine and how to keep medicine safely in our homes.

2. Put the term dispense on the board and ask the class what it means (to prepare and give out). Ask the class to name a person who can be trusted to dispense medicine. List these on the board (e.g. doctor, nurse, parent, pharmacist, teacher). Emphasize that the only correct way to take medicine is from an adult they know such as a parent or teacher, or from someone trained to keep people healthy and not sick like a doctor or nurse. Remind the students that they should NEVER put anything like a pill or cough syrup in their mouths if it is given by someone other than these people.

3. Discuss the following questions:
    a. What should you do if a stranger offers you something that looks like an aspirin and tells you "it tastes good, try it"?
    b. What should you do if a friend of your older brother or sister asks you to try a pill?

RESOURCES:

Handout:
"Medicine Safety"
Pencil

ACTIVITY

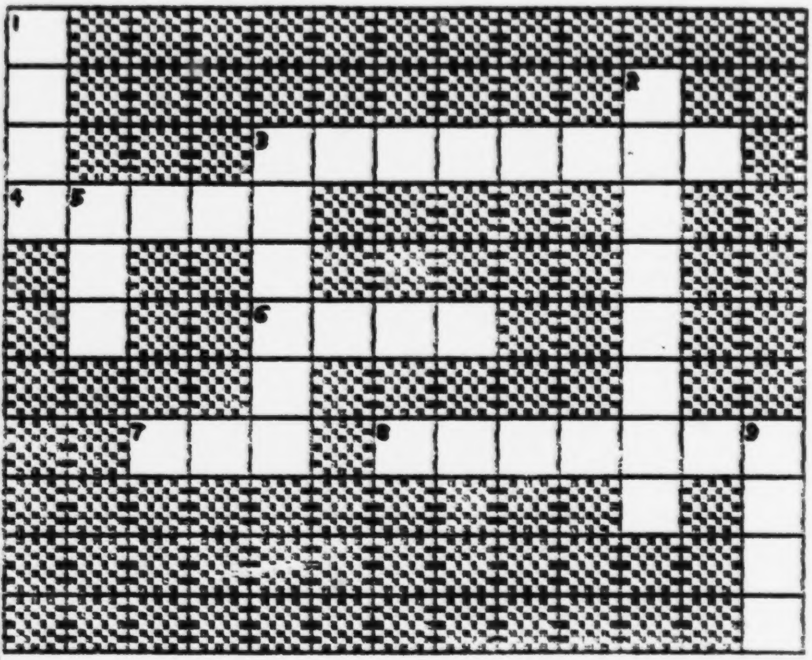
c. What should you do if your cousins finds some medicine which your aunt takes and asks you to try it with them?
d. What if they call you "chicken" or "baby" if you say no at first?

4. Reinforce that medicines can be harmful if used incorrectly and, therefore, safe storage is very important. Lead a discussion on ways in which medicines can be stored safely. Stress that medicines should always be stored: away from children; in the proper container with a label identifying the medicine, its proper dosage, and any possible hazards; and tightly closed.

5. Distribute the handout. Have the students fill in the crossword puzzle with the appropriate words from the vocabulary list. Discuss the correct responses.

HANDOUT 2: A-2

MEDICINE SAFETY



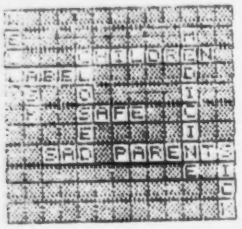
ACROSS CLUES

3. Medicines should always be stored away from _______.
4. It is very important to store medicine in the proper container with a _______ telling what it is.
6. Medicine should always be stored in a _______ place.
7. You should not take medicine because you feel _______.
8. If you feel you need some medicine, always ask your _______ or another responsible person first.

DOWN CLUES

1. Proper use of medicine can help a sick person get ______.
2. _______ can help you feel better when you are sick.
3. Medicine should always be stored with the lid tightly closed.
5. It is very important to ______ a responsible adult for help before you take any medicine.
9. A person should only take medicine when he/she feels _______.

ANSWERS: MEDICINE SAFETY


CHILDREN
LABEL
SAFE
SAD
PARENTS

Goal: The student will develop a respect for the proper handling of medicines.

Objective: Discuss medicine safety in terms of people, places, and things.

Learning Concept Information

Vocabulary: container

Academic Focus: Group participation, cooperation

RESOURCES:

Chalkboard
Chalk

Colored chalk
or paper (1 for
each team)

Dice

ACTIVITY

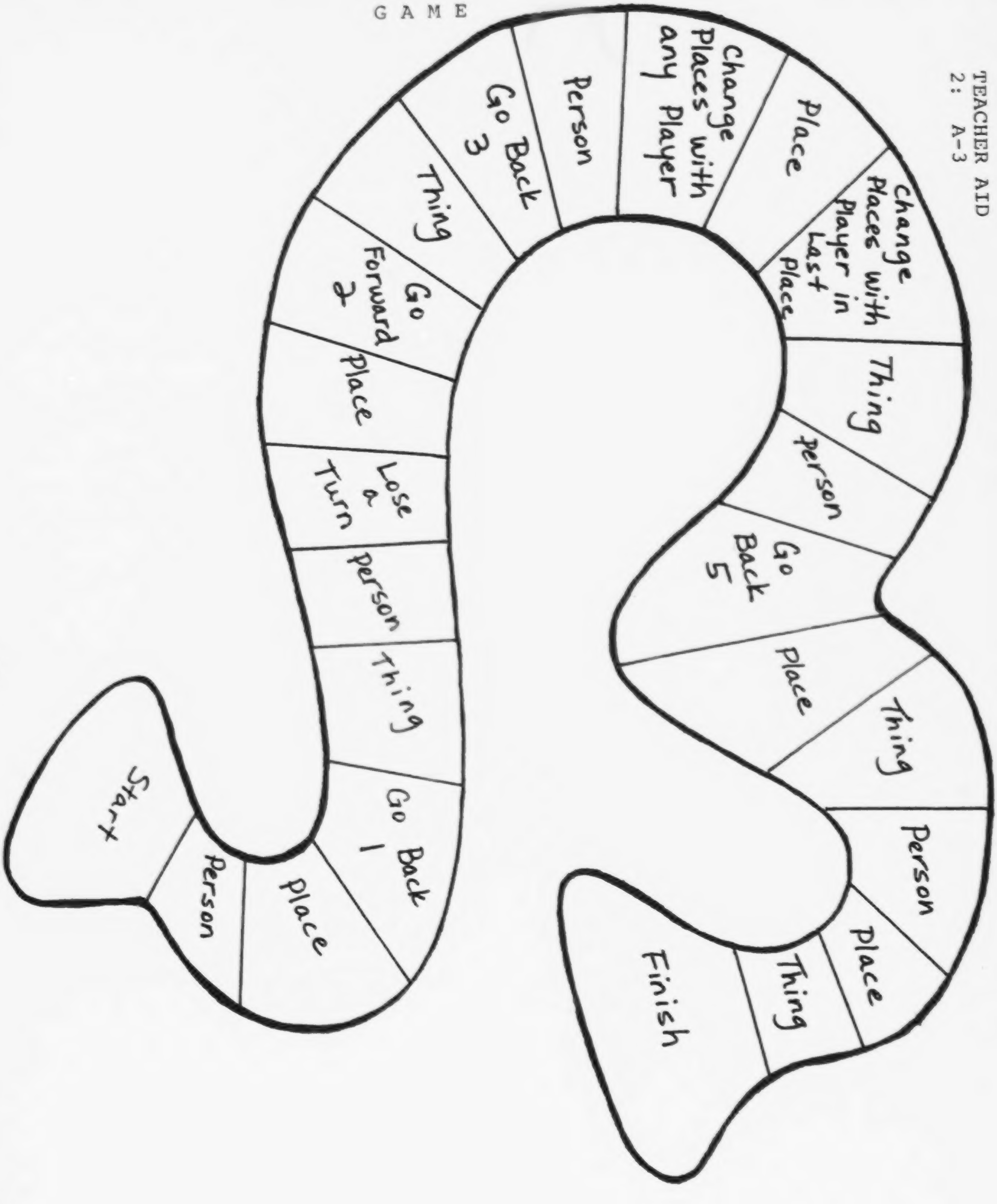
1. Draw and label "The Medicine Game" on the chalkboard. The design does not have to match exactly.

2. Divide the class into 4 teams. Tell the class we are going to play "The Medicine Game" to test our knowledge about medicines. Each team is represented by a different color of chalk or piece of paper that can be taped to board.

3. Game directions: One player at a time comes forward from each team and rolls the dice. The player advances for the number rolled on the dice. If the player lands on a question, the teacher asks the appropriate "person, place, or thing" question (all questions relate to medicine). If the player lands on any other square, the player follows the directions and then answers the question of the square landed on. If the player answers correctly, he/she remains on that square and the next team has a turn. If he/she answers incorrectly, the player moves back 2 squares and the next team has a turn. The winning team is the first to cross the finish line. More than one player may be on the same square at any time during the game.

THE MEDICINE GAME

TEACHER AID
2: A-3


Start
Person
Place
Go Back 1
Thing
Person
Lose a Turn
Place
Go Forward 2
Thing
Go Back 3
Person
Change Places with any Player
Place
Change Places with Player in Last Place
Thing
Person
Go Back 5
Place
Thing
Person
Place
Thing
Finish

THE MEDICINE GAME

Randomly ask the following questions:
(Teacher may add additional questions as needed.)

Person:

1. Name a person who can safely dispense medicine.
2. A television star gives good advice about medicine. True/False
3. Name 2 people you should not take medicine from.
4. Why can a doctor be trusted to dispense medicine?
5. What could you do if your brother's friend offered you a pill?
6. Who should you go to if you are sick?
7. How can you get help if your little brother or sister accidently took some medicine not meant for them?
8. How can you explain to your little brother or sister that your cough drops are not candy?

Place:

1. Name a good place to store medicine.
2. Name a good place to buy medicine.
3. Tell a place where medicine should not be stored.
4. Name a place where if is safe to take medicine (e.g. doctor's office, hospital).
5. Where can your mother safely keep her medicine for her headaches?
6. What should you do if you find medicine in an unsafe place?

Thing:

1. Tell one thing a medicine bottle should say on the label.
2. Tell one thing you can do to feel better if you are lonely.
3. Tell one thing that could happen if you took unlabeled medicine.
4. Describe a proper container for medicine.
5. Describe an improper container for medicine.
6. Tell why medicine is sometimes mistaken for candy by children.

Goal: The student will demonstrate positive personal attitudes.

Objective: Identify positive attributes in self.

Learning Concept Self-Esteem

Vocabulary: self-awareness, characteristics, unique, total, sum, equals

Academic Focus: Mathematics

RESOURCES:

ACTIVITY

1. Ask students to define SELF-AWARENESS. Explain: "Self-awareness is 'knowing about oneself.' It helps to determine how a person feels about himself/herself. Each person has their own set of physical characteristics (how they look), personal traits (keeps room clean, feels scared in the dark, likes cartoons), and qualities (helpful, energetic).
The TOTAL or SUM of all these qualities EQUALS each one of us and makes us UNIQUE or SPECIAL."

2. Illustrate on board. Choose one child in the classroom as an example.

Karen: one front tooth missing + pigtails + laughs at Garfield + good reader +
(how I look) (what I enjoy) (what I do well)

cheerful = Karen
(nice things people say about me)

_______ + ______ + ______ + _____ + _____ + _____ + _____ = NAME

Continue putting examples of other children on the board. Let classmates help fill in the blanks. Include physical characteristics, personal traits, and

RESOURCES:	ACTIVITY
	qualities. Be creative with examples, telling children to choose unique characteristics.
Handout: "The Sum of Me"	3. Distribute handout: "The Sum of Me." Explain orally and then ask children to complete by filling in positive things about themselves that make them special. Collect sheets and save for use in the next activity (2: B-2).

HANDOUT
2: B-1

THE SUM OF ME

______________________________ (How I look)

______________________________ (What I do well)

______________________________ (What I enjoy)

+ ______________________________ (Nice things people say about me)

ME

(Draw your picture)

Goal: The student will demonstrate positive personal attitudes.

Objective: Identify positive attributes in a friend.

Learning Concept Self-Esteem

Vocabulary: detective, complimentary, qualities

Academic Focus: Matching

RESOURCES:	**ACTIVITY**
"The Sum of Me" sheets from previous activity Sheet of notebook paper	1. List all students' names on the chalkboard in the order in which they are seated in the classroom. 2. Tell students they are to become DETECTIVES--(one who uses clues to solve mysteries or to find answers) and solve the puzzle: "Characteristics of Which Classmate?". Explain that often we overlook unique characteristics in our classmates. Ask students to number from one to ___(the number of students in the classroom) on a sheet of notebook paper. Leave a blank beside each number. Ask those students who wish to have their papers read to volunteer. List these students on the board. As the teacher reads each child's "The Sum of Me" from the previous activity, students guess which classmate these unique qualities describe. Each student writes the name of the classmate described from the list on the board. 3. Go back over the list, but this time disclose the correct student. Ask students to compare their "detective work" with the correct names. Which student correctly identified more of his/her classmates, thus becoming the best "detective"? 4. Discuss: Was it easy or difficult to match the person with the positive qualities? How were you like other classmates? How were you different from your classmates? Encourage students to practice being "detectives" by looking for positive qualities which make each person special.

Goal: The student will demonstrate positive personal attitudes.

Objective: Identify feelings.

Learning Concept Self-Esteem

Vocabulary: disappointment, feeling

Academic Focus: Language Development

RESOURCES:

ACTIVITY

1. Review with class, "What is a FEELING?" (See Activity - 1: D-1). Ask students to generate feeling words. (Refer to Appendix A, page 87 for a list of feeling words.)

2. Explain that we show others what we are feeling not only by what we say, but also by what we do. Have the children role play different feelings at their desks. Include: excitement, happiness, disappointment, anger, frustration, etc. Ask the children, "What are you doing to let others know how you feel?" Focus on nonverbal behavior.

3. Ask students to give examples of situations when they felt disappointment. Discuss
   a. How did you feel?
   b. What did you do, say, think?
   c. Who helped you when you felt this way? How?
   d. What happened?
   e. What are some others ways to deal with a similar situation?

RESOURCES:

ACTIVITY

Handouts:
"Look and Feel"
"Sensitively Speaking"

3. Distribute handouts: "Look and Feel," and "Sensitively Speaking." Complete the first example of each handout with the class. Ask the students to finish completing the handouts. Discuss responses, then ask students to generate additional "next time" solutions. Stress that there are often many solutions to help one feel better when disappointed.

From I'VE GOT ME AND I'M GLAD, IP 528, pages 53, 77
by Cherrie Farnette, Imogene Forte, and Barbara Loss
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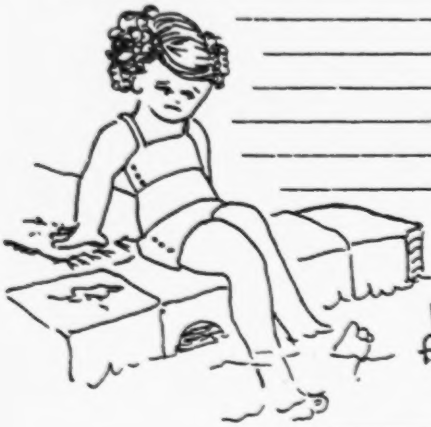
LOOK AND FEEL

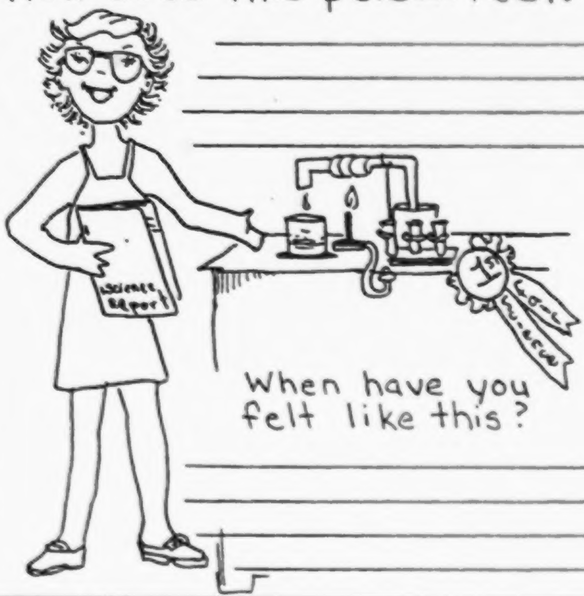
You can get clues about how other people feel by looking carefully at them. Describe how each of these people might be feeling. Write about a time when you felt like the people in the drawings.

How does this person feel?

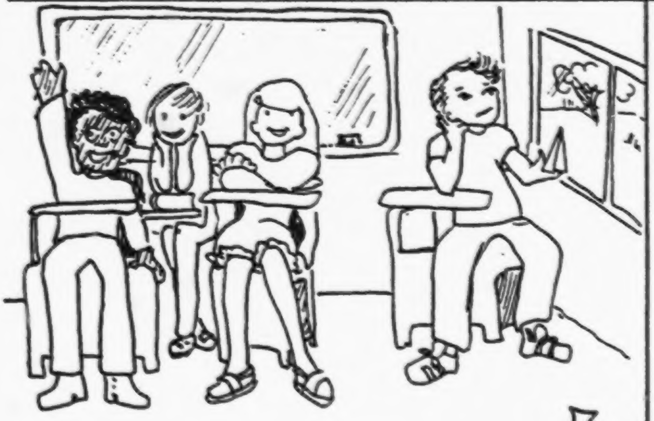


When have you felt this way?

How does this person feel?



When have you felt like this?

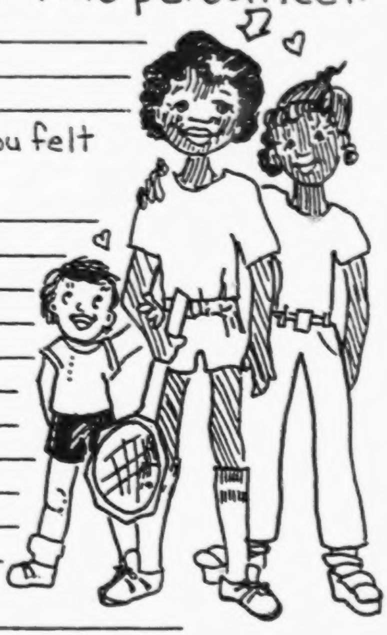


How does this person feel?

When have you felt this way?

How does this person feel?

When have you felt like this?



FRINGE BENEFITS Make a list of the body clues that you found in these drawings that helped you understand how the people might be feeling.

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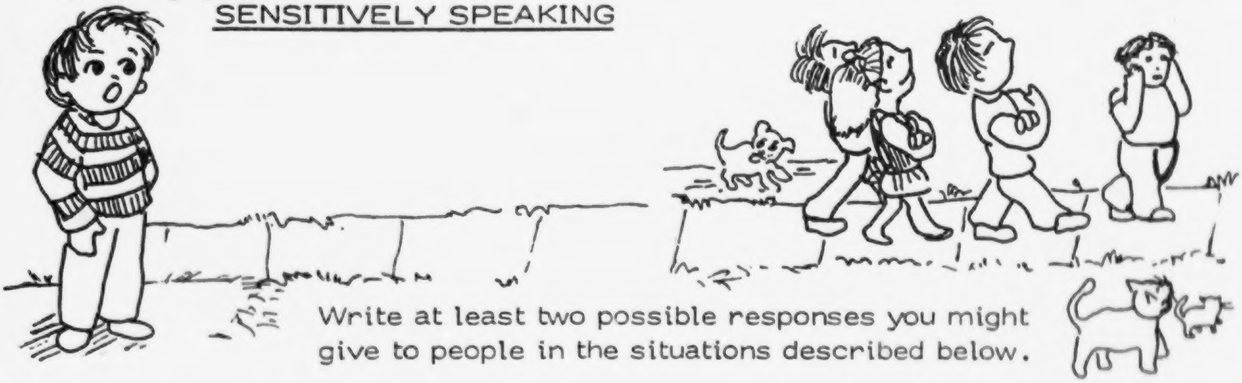
HANDOUT
2: B-3

SENSITIVELY SPEAKING



Write at least two possible responses you might give to people in the situations described below.

What do you say when –

you've just won the big game? ______________________________
____

you've just lost the big game? ______________________________
____

someone has been teasing you? ______________________________
____

you've been embarrassed? ______________________________
____

your friends are ignoring you? ______________________________
____

someone has taken advantage of you? ______________________________
____

you are afraid? ______________________________
____

you're not invited to a friend's party? ______________________________
____

you want to join a group? ______________________________
____

you want someone to leave you alone? ______________________________
____
____

FRINGE BENEFITS

Choose one of the situations above and write a story about it.

Goal: The student will demonstrate an understanding of the proper use of medicine.

Objective: Relate the purpose of labels on medicine and the difference between prescription and non-prescription drugs.

Learning Concept Information

Vocabulary: pharmacy, pharmacist, prescribe, prescription

Academic Focus: Comparisons

RESOURCES:

Handout:
"Labels"

ACTIVITY

1. Distribute the handout. Lead a discussion on the importance of labels on medicine. Explain that labels tell what kind of medicine it is; what it is for; when to take it; how much to take; and potential dangers associated with taking that particular medicine. Stress that it is extremely important to follow the directions on the label exactly in order for the medicine to help the body get well. Failure to follow the directions exactly can be very dangerous. Also stress that you should never take anyone else's medicine, or any medicine in a container without a label.

2. Reinforce that the students should only take medicine given to them by a responsible adult (e.g. parent, teacher, nurse, doctor). They should NEVER take medicine on their own without adult supervision.

3. Define the terms prescription and non-prescription. Lead a class discussion on the characteristics of prescription and non-prescription drugs. Focus on differences and similarities between the two types of drugs.

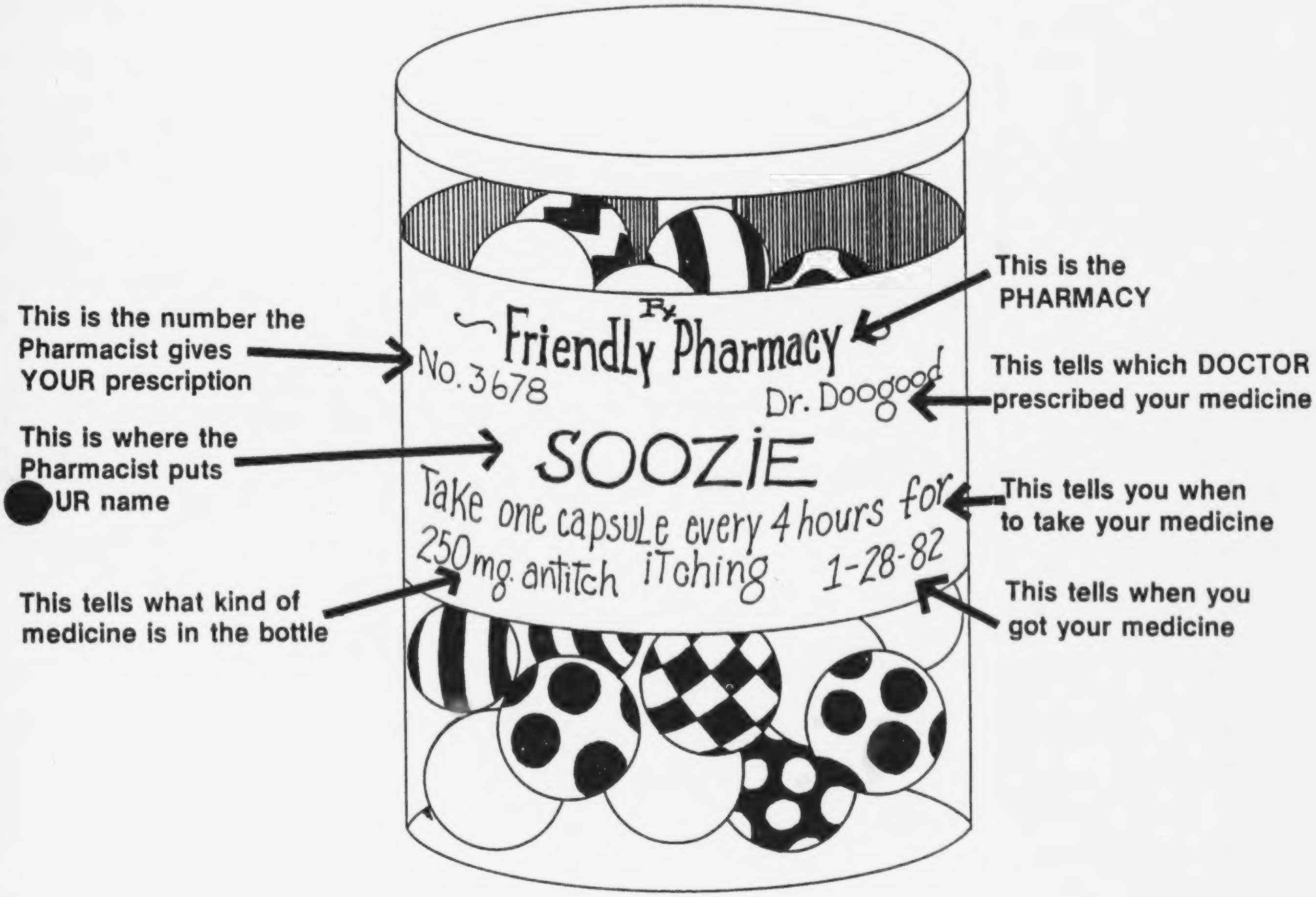
   Differences:
   a. prescription: must have a written prescription from a physician in order to purchase
   b. prescription: can only be purchased from a licensed pharmacist

RESOURCES:

ACTIVITY

c. non-prescription: can be purchased over the counter without a doctor's prescription
d. non-prescription: can be purchased at different types of stores

Similarities:
a. should only be used when you are sick
b. should always follow the directions on the label
c. should always be stored in a safe manner
d. should only be dispensed by a responsible adult


This is the number the Pharmacist gives YOUR prescription
This is where the Pharmacist puts UR name
This tells what kind of medicine is in the bottle
This is the PHARMACY
This tells which DOCTOR prescribed your medicine
This tells you when to take your medicine
This tells when you got your medicine
Rx
Friendly Pharmacy
No. 3678
Dr. Doogood
SOOZIE
Take one capsule every 4 hours for
250 mg. antitch iTching 1-28-82

Here's a medicine bottle. Look at the label.

Goal: The student will demonstrate an understanding of the proper use of medicine.

Objective: Distinguish between appropriate and inappropriate uses of medicine.

Learning Concept Information

Vocabulary: appropriate, inappropriate

Academic Focus: Language development

RESOURCES:	ACTIVITY
Slips of paper with the six situations printed on them Container	1. Reinforce that we take medicine when we are feeling sick in order to help our bodies get well, but taking medicine when we are feeling well could make us sick. 2. Discuss the following safety rules with the students. a. the right medicine - only the one that has been prescribed for you by a doctor b. the right person - only under the supervision of an adult c. the right time - only the times the doctor or an adult has told you and only when necessary d. the right way - only how you have been told e. the right amount - only how much the doctor or adult has decided to be good for you 3. Place the following six situations on separate slips of paper. Place the slips in a container and have six students draw a slip. Have each student read his/her situation out loud and discuss with the class: what is happening?; is the person following good medicine safety rules?; if not, what rule is being broken?

T[illegible]CHER AID
2: C-2

Situation 1:

A child climbs on top of the sink, opens the medicine cabinet, finds a bottle of pills and begins to swallow 5 or 6 of them.

Situation 2:

A child reminds his mother it is time to take his medicine. Mother pours exactly 1 teaspoon for him to take.

Situation 3:

A child finds a container filled with pretty yellow pills on the school playground. She gives it to a teacher.

Situation 4:

Two of your friends have stolen some capsules from their homes. They heard it will make them very sleepy. They take one to find out how it feels.

Situation 5:

Your teacher is not sure if she is supposed to give you 1 teaspoon or 1/2 teaspoon of your medicine. She calls your father to make sure.

Situation 6:

Your older sister is taking a lot of diet pills to lose weight. She does this without your parents' permission.

Goal: The student will demonstrate an understanding of the proper use of medicine.

Objective: Compare the relationship of medicine with drugs in general.

Learning Concept Information

Vocabulary: appropriate use

Academic Focus: Reading development

RESOURCES:	**ACTIVITY**
Booklet: "Soozie and Katy" Teacher Information	1. Talk about medicine as a drug. Reinforce the idea of appropriate use. (See Appendix A, page 2.) 2. Distribute the booklet and read with the class. Teacher information is provided to help with discussion. 3. Do the first activity as a class and discuss. Have the students do the second activity on their own. 4. Let the children take the booklet home to color.

Adapted from "Soozie and Katy", President's Drug Awareness Campaign, Drug Enforcement Administration.

Sharing is a concept children learn early, but now they must determine what they can and cannot share. It is all right to share toys and treats, but sharing germs and drugs can be harmful. Ask the children to discuss their good and bad experiences in sharing.

Explain to the children that the people who manufacture drugs sometimes make them look and taste like candy. This is to help people who are ill to take medicine. But even if these drugs taste good, they should never be confused with candy. Reinforce the idea that taking drugs when you are not sick can make you sick.

Impress on the children that they should never take medicine that belongs to someone else. Use as an example a veterinarian who visits a sick mouse and a sick elephant and by accident switches their medicine. Ask them to imagine how sick the little mouse would get if he took the elephant's medicine.

In our drug-oriented culture, it may seem that there is a cure for everything. Discuss the fact that drugs alone cannot cure life's problems. There are disappointments that each of us encounters, but we must learn to cope with them without drugs. Let the children discuss their disappointments and move quickly to alternatives. For example: If they have planned a picnic and it rains, make a tent in the living room and have the picnic anyway, or go to a movie, or participate in an indoor activity of some other kind. Explain to them that we often create our own stress, as in the example of a poor report card. Life has many disagreeable moments, but we must face them with courage and do something about them in a positive way.

Children know that many people use drugs, even their parents. They may even believe that is all right. Since children view dozens of commercials each day, a high percentage of those spots tell them, "If you take this, you'll feel better." It is important to stress that drugs cannot cure everything. When the announcer in a commercial tells you to take a drug, he assumes you are sick. He will tell you what ailments are helped by the drug he is advertising and sometimes recommend that you see a doctor if the medicine does not make you better. It can also be mentioned that children must be very cautious and alert as they watch these commercials. If a beautiful lady tells them to use a certain medicine to cure a headache, they must understand that the medicine may cure a headache but will not make them beautiful.

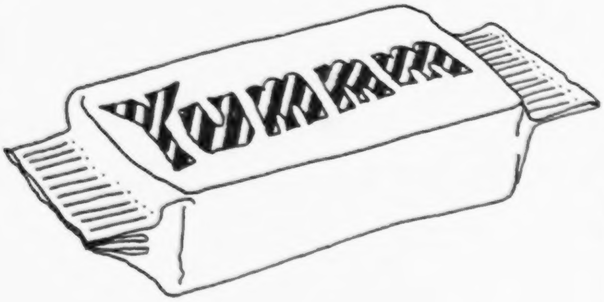
This page should be used as an open forum to discuss the messages children receive from their favorite programs. Do they see the characters laughing about being high from either drugs or alcohol? Do they see characters benefiting from selling and distributing drugs? If they respond by saying yes, the opportunity is at hand to stress that television is mostly make-believe.

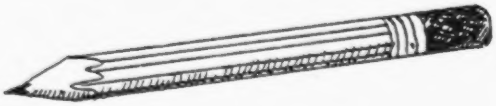
Let the children select their answers. Even though they might experience all the answers, telling parents, telling teachers, and telling policemen are the correct ones. Tell them an adult will know how to handle the situation. Becoming angry or upset may make the situation worse.

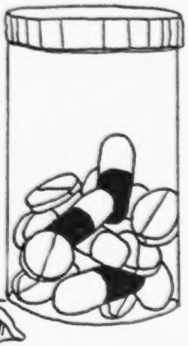
Review with the children the legitimate drug distribution system—from doctor to pharmacist to parent. Remind them that only those people know which drugs are safe for them to use. Tell them that their friends, no matter how concerned they may seem to be, should not give them drugs. Assure them that anyone who gives them a drug for fun is not their true friend.

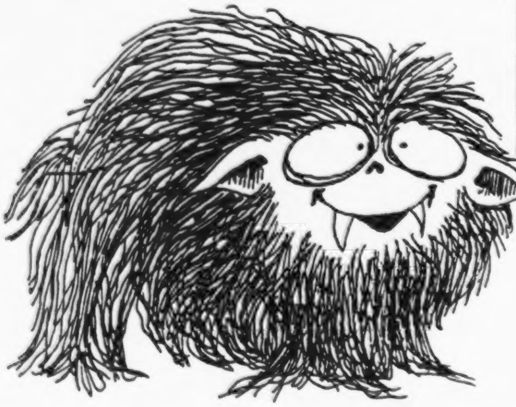
Sharing is good.

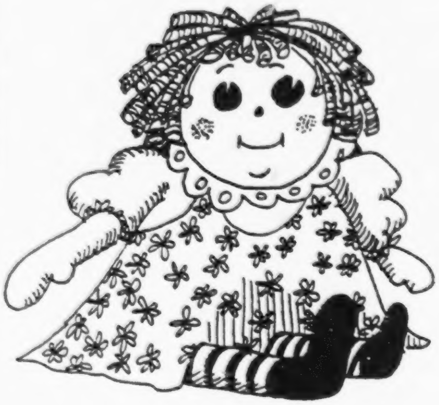
Color the things that are GOOD to share.

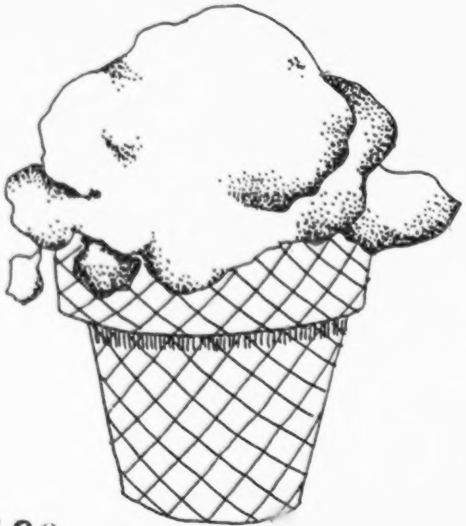


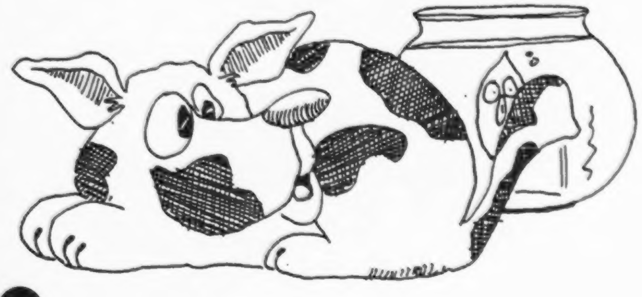


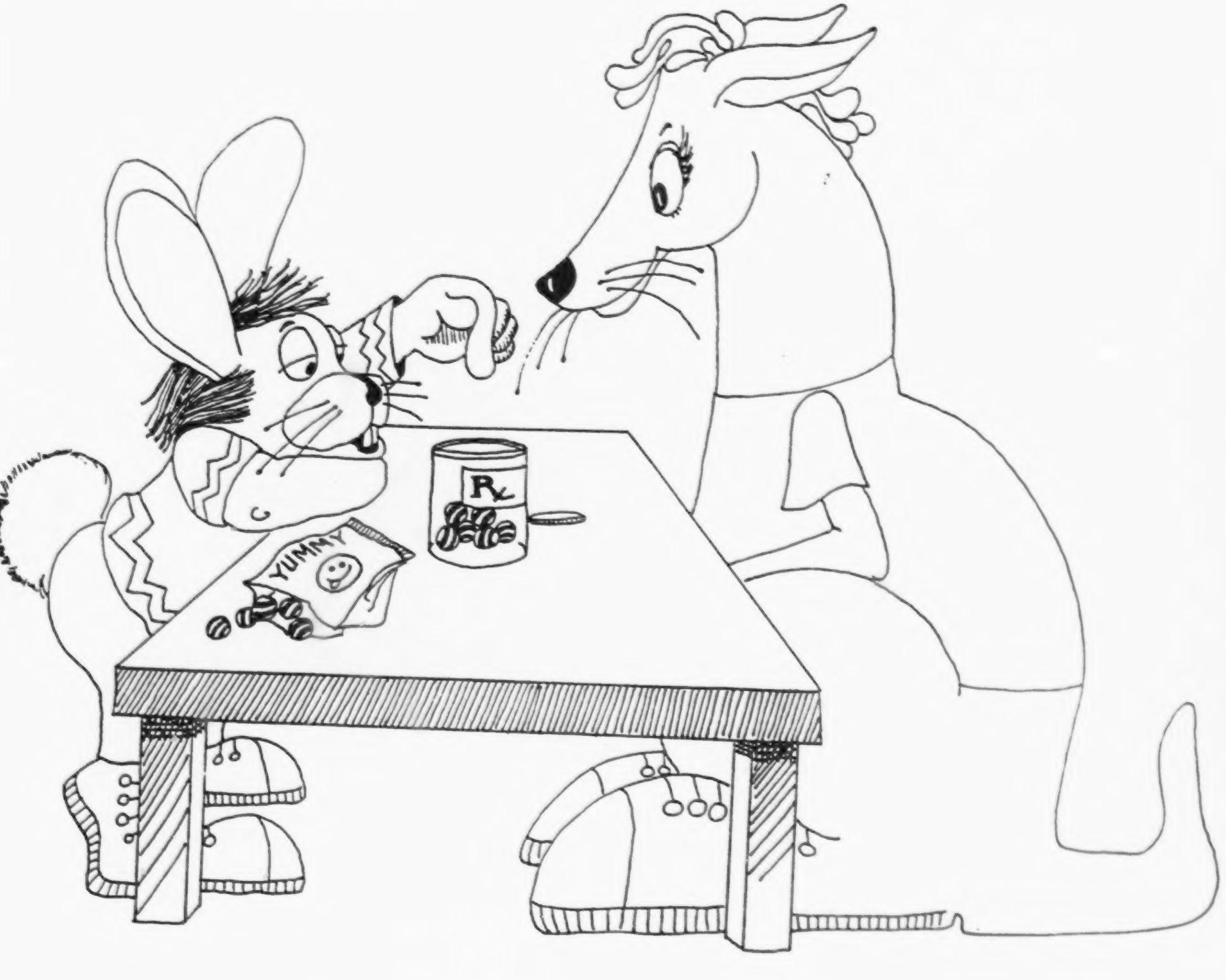






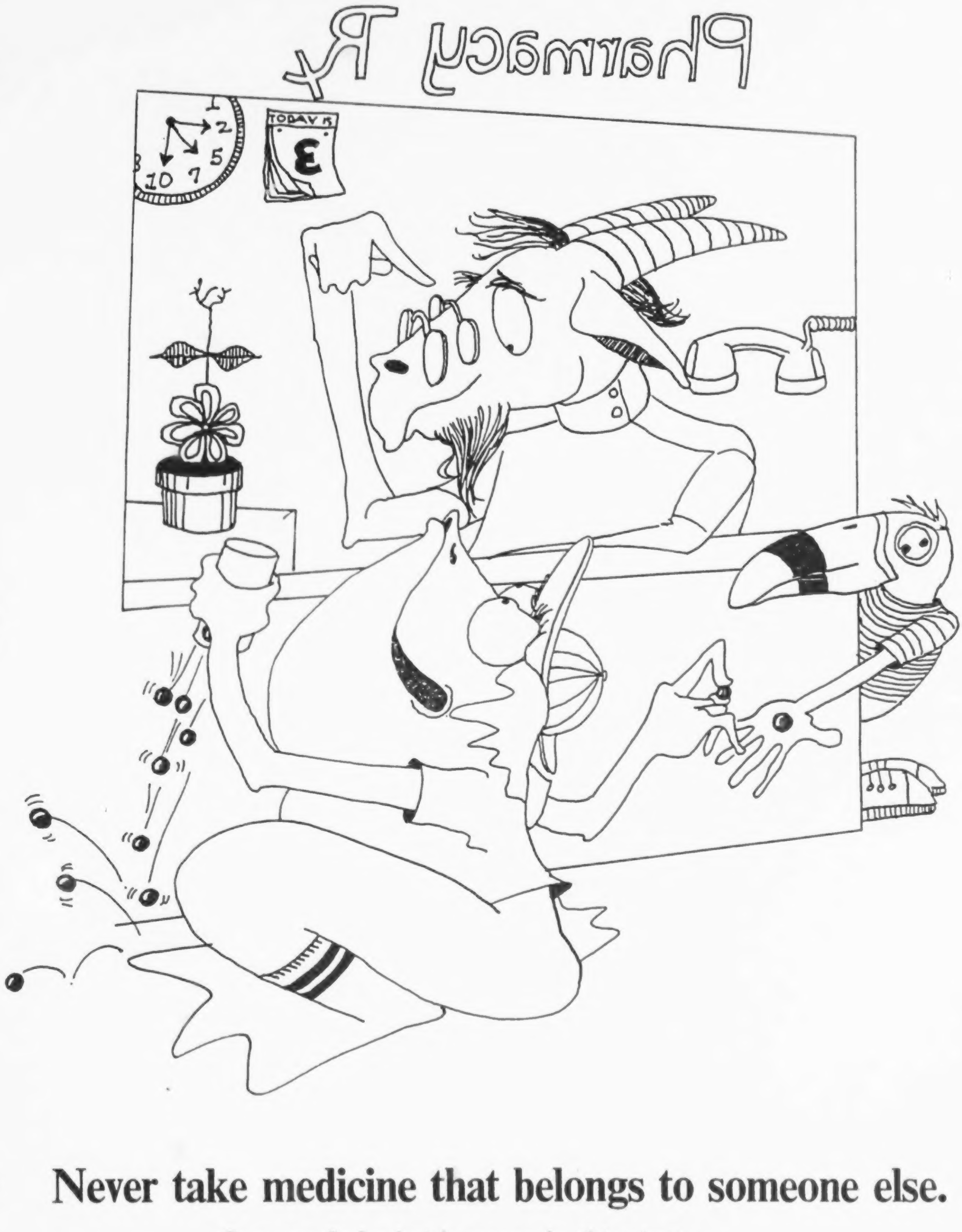






Never mistake a drug for candy.

HANDOUT 2: C-3

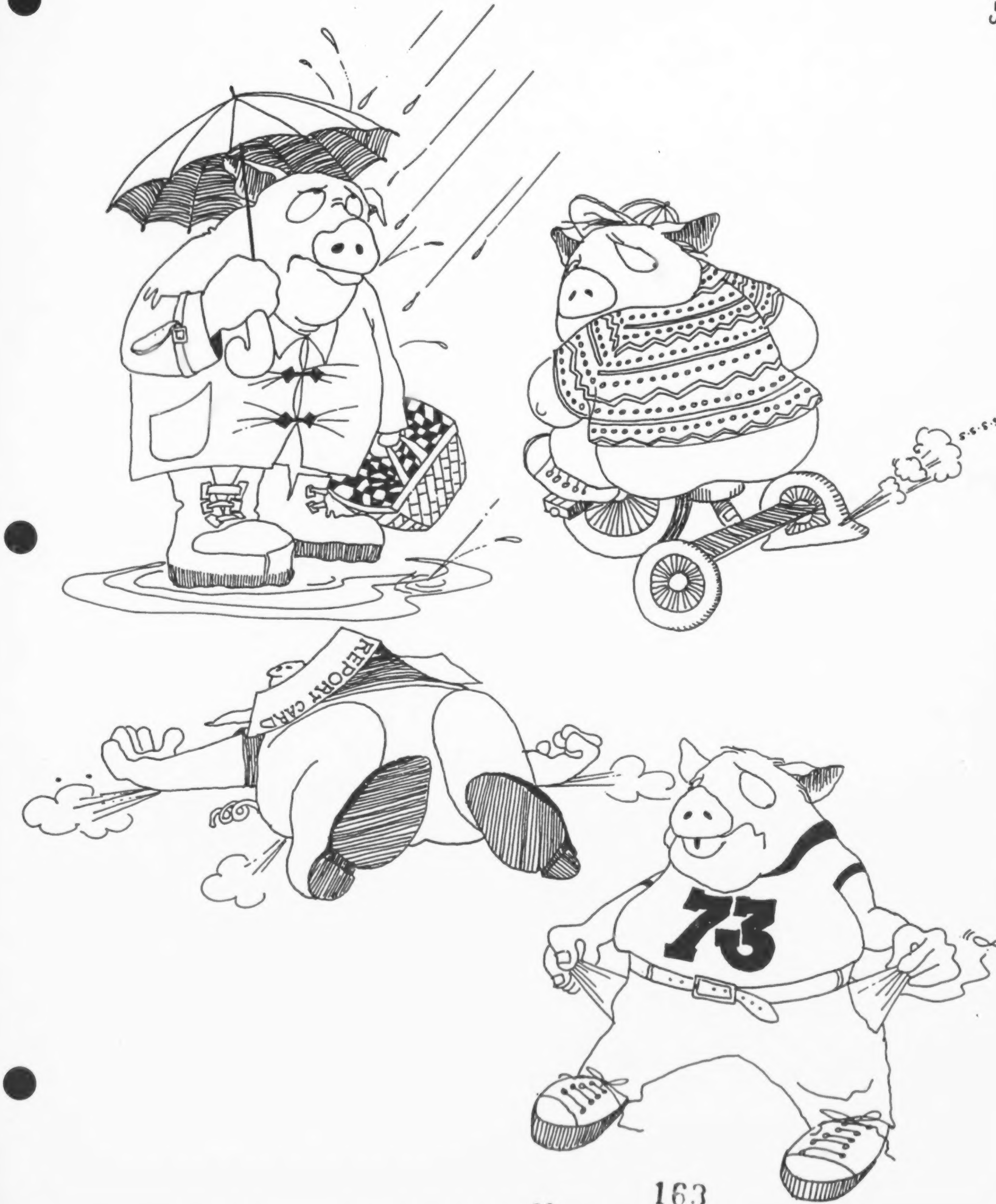

Pharmacy Rx
TODAY IS
3

Never take medicine that belongs to someone else.

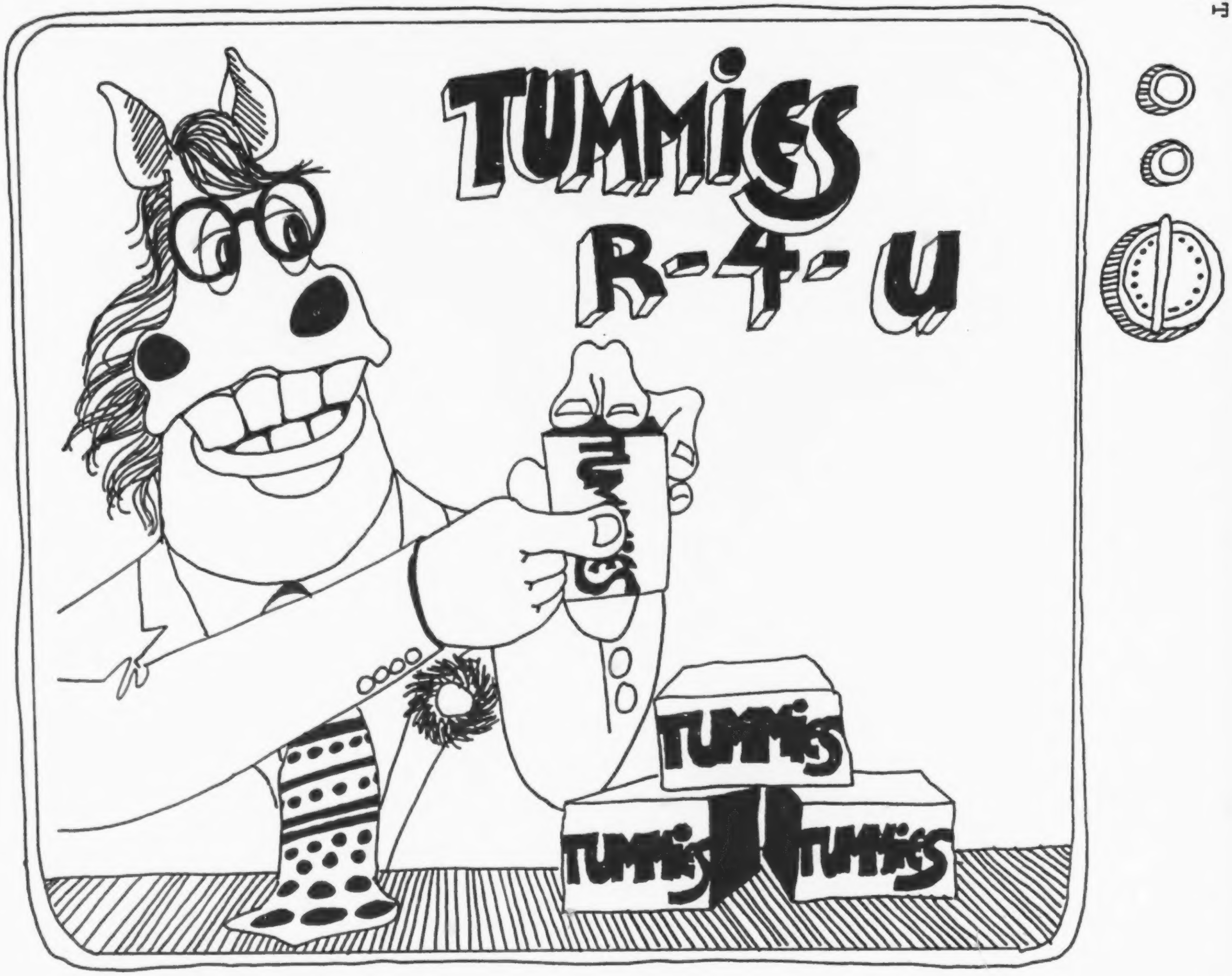
Can you find what is wrong in this picutre.

These are things you cannot cure with drugs from your doctor.

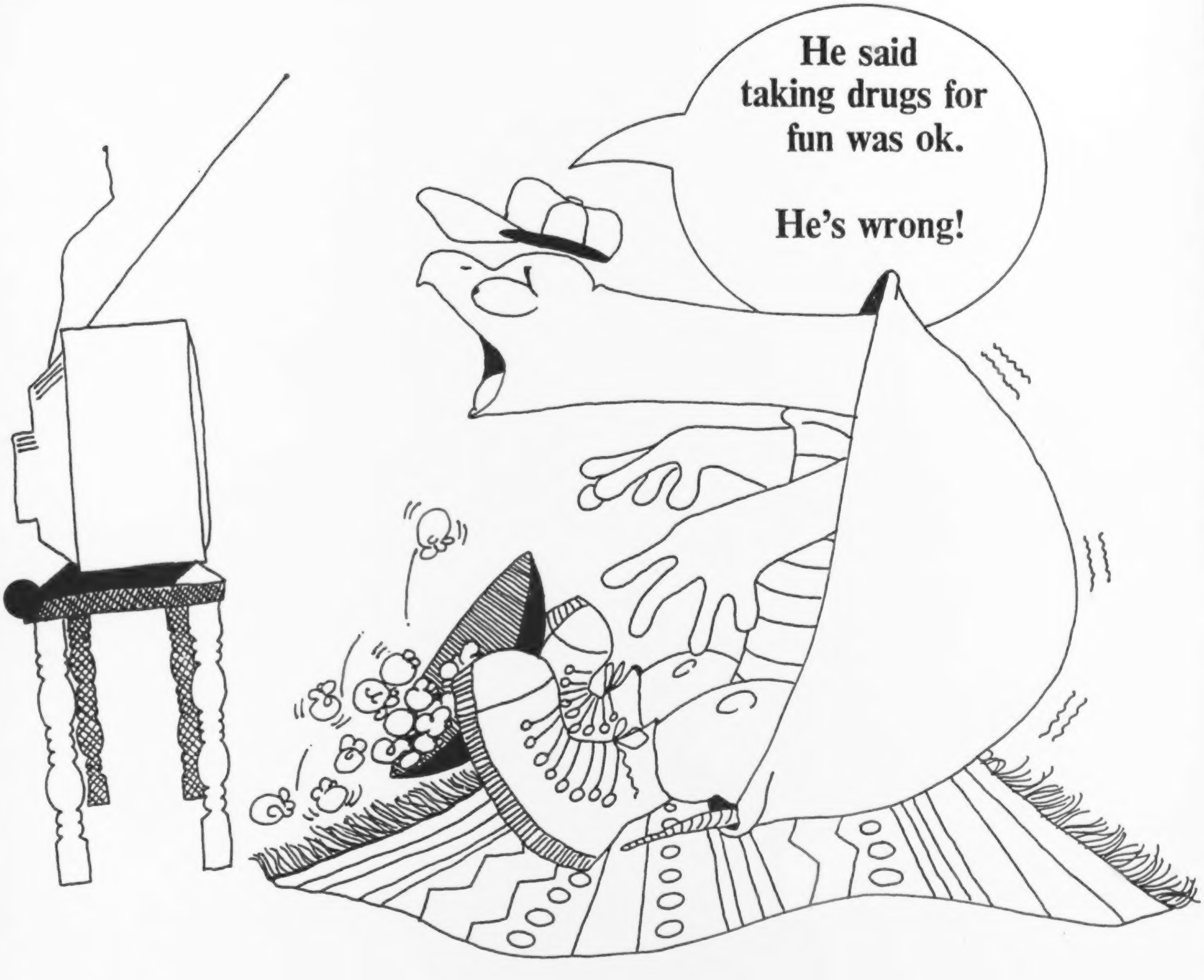
HANDOUT
2: C-3


s-s-s-s
REPORT CARD
73

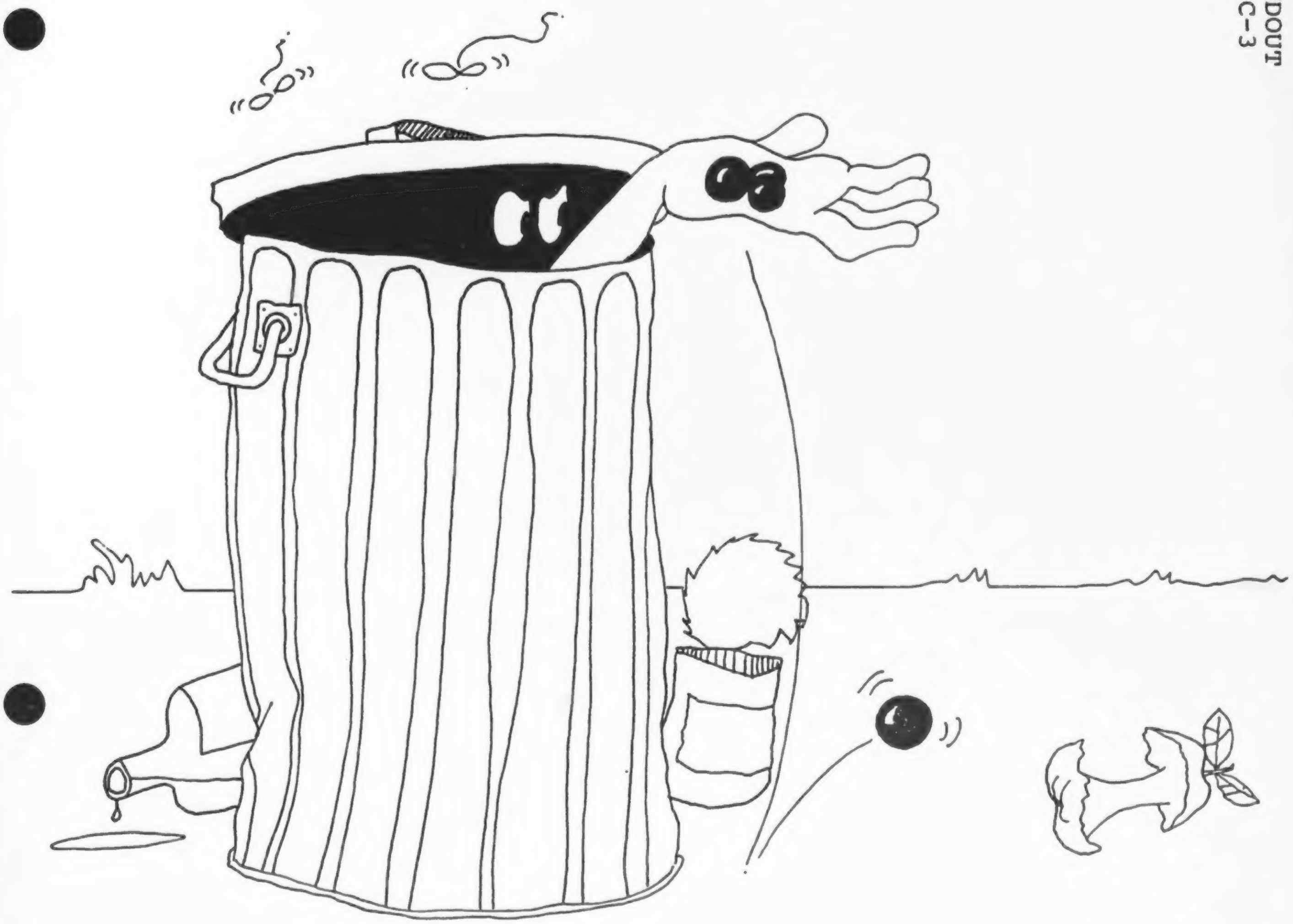
HANDOUT 2: C-3


TUMMIES
R-4-U
TUMMIES
TUMMIES
TUMMIES
TUMMIES

Drugs advertised on TV are meant to be taken only when you are sick.


He said taking drugs for fun was ok.

He's wrong!



What should you do if someone offers you drugs?

Circle the correct answers

Tell your parents

Tell your best friend

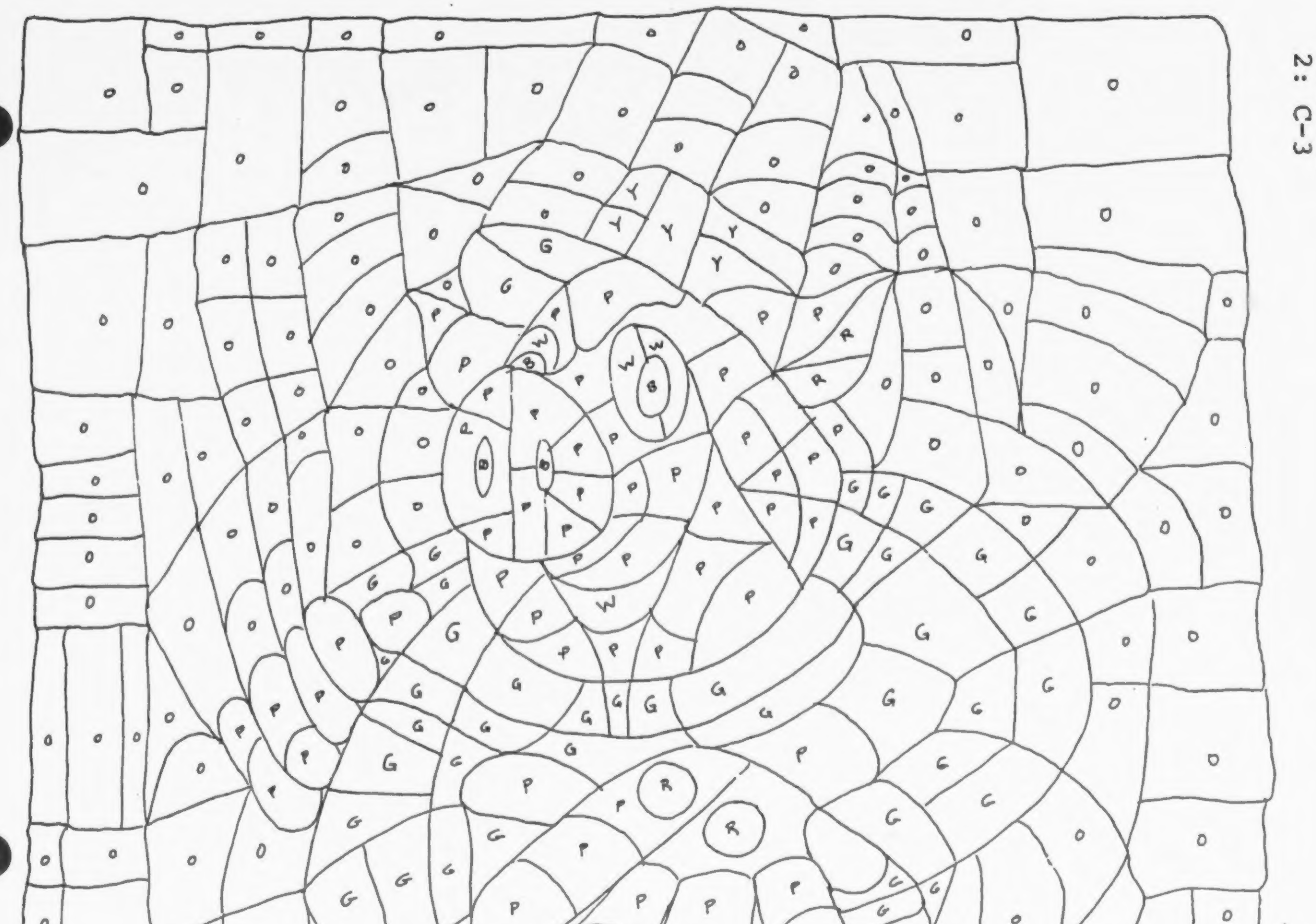
Faint Cry

Run away

Tell your teacher

Tell a policeman

HANDOUT 2: C-3



O - ORANGE
P - PINK
L - BLUE
X - BROWN
G - GREEN

People who give us drugs for fun are NOT our friends

Goal: The student will demonstrate the ability to generate and follow rules.

Objective: Generate reasons regarding the importance of rules, sharing, and taking turns.

Learning Concept Self-Esteem

Vocabulary: rules, differ, guidelines

Academic Focus: Language Arts

RESOURCES:

ACTIVITY

1. Ask students: What is a RULE? Why do we have them? Does everyone have to follow rules? Give examples.

2. Discuss that some rules differ for different people and in different situations. For example, discuss rules for:
   - parents
   - teachers
   - driving
   - school
   - the movies
   - shopping
   - friendship
   - store clerks
   - attending church
   - police people
   - the playground
   - attending a football game

3. Discuss what might happen if there were no rules. What would school be like? Would having no rules be fun? In what ways? Emphasize that rules:
   a. Help and protect us.
   b. Give us guidelines on how to act appropriately.
   c. Can change for different situations.

Teacher Aid:
"Land of Glisten"

4. Read the story "The Land of Glisten." Ask students to name rules that would be most important for the Land of Glisten. List these on the board. For

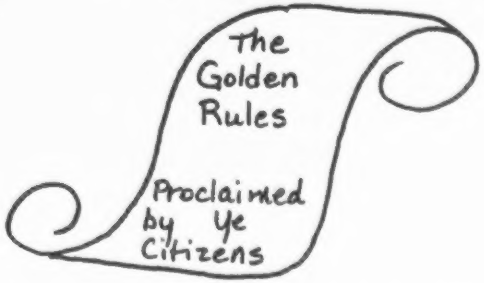
RESOURCES:

ACTIVITY

each rule listed, ask: What is the purpose of this rule? What would Glisten be with this rule? Without it?

Newsprint

5. Decide upon 4-6 "Golden Rules of Glisten." Draw a large picture of a scroll similar to the example below and print these rules decided upon by class concensus within the scroll. Let students sign their names at the bottom of the scroll. Display in the classroom.



Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

TEACHER AID
2: D-1

THE LAND OF GLISTEN

Beyond today, tomorrow, and yesterday lies a magnificant land where things real and magical can be found. The Land of Glisten is such a place. Dreams can be dreamed and life can be lived.

It truly was a beautiful land covered with an emerald carpet of grass and kaleidoscope of blossoms and tall shimmering trees. The sun, always pleased with the creatures of the isle, showered its golden rays from early morn until it set and rested for the night.

In the Land of Glisten lived the king of creatures seen when eyes are shut tight and imagination is soaring. Great dragons, sunning themselves in the warm light, lay scattered along the banks of the streams and ponds. Flying horses with wings soared gracefully above the trees. Gentle unicorns grazed lazily throughout the grassland.

A castle nestled in the woods in one far corner of the land. Glen Castle was not large, just the right size to be a very nice home for the keeper of the land. Warwick the Wizard, who took care of the land and creatures in the Land of Glisten, lived in the castle. He was a very wise and kind wizard. Warwick loved to gather all those who lived in the land and sing ballads of happenings from long ago.

Not far from Glen Castle lived the most happy and playful of all creatures, Gwinney the Unicorn. When Gwinney wasn't resting under the cool shade of the willow trees, she was trotting from hill to dale visiting her wonderful friends.

One of her favorite friends was Go-forth, the Flying Dragon. He was an excitable young dragon who loved to fly throughout the Land of Glisten. Go-forth and Gwinney could be found together quite often, with the dragon flying high up in the blue sky while the unicorn galloped underneath him.

Just over the hill from Glen Castle was the village of the selves. Selves were small gnome-like creatures who spent their days tending the gardens and collecting food for all those who lived in the Land. The selves were very old and seemed to live in the Land of Glisten for as long as anyone could remember.

Proud Perth was perhaps the wisest of the selves. She felt very good about all that she knew and was very proud of herself. But sometimes Perth acted too proud and spent a lot of her time telling everyone about the wonderful things she knew.

Sad Sully was one very sad self. She went from morning to evening finding things to be sad about. The other selves, especially Happy Henley and Glad Glynn, tried so hard to make her happy. Henley and Glynn were just the opposite of Sully. They were excited about everything that happened each day--the sun rising, the birds singing, and the flowers blooming their rainbow colors.

Lonely Lanon was perhaps the most unhappy of all the selves. He spent much of his time alone, feeling very sorry for himself. He felt as if no one wanted to be his friend. Shy Shelby also felt as though he had no friends. He felt too bashful to be around the other selves.

Perhaps the most miserable of all selves was Mad Morley. Nothing seemed to please him. He ranted and raved about such things as the sun rising and the birds singing. Morley yelled at the sun for being much too bright and at the birds for disturbing his rest.

Yes, the Land of Glisten was a fascinating place. So many different kinds of creatures lived there. Some were as short as selves; while others were as tall as a wizard. Some flew, like the dragons and birds; while others trotted and jumped like unicorns and horses. Some seemed so happy and excited to be alive. And some never were quite happy enough.

But everyone, even though very different, lived in the Land of Glisten for a very, very long time. Deep down inside, each who lived there liked it very much. And if you asked each of them--an angry or lonely self, a flying or galloping creature, or a very wise wizard--how it was living in the Land of Glisten, he or she would look deeply into your eyes and give you a very loving smile.

Goal: The student will demonstrate the ability to generate and follow rules.

Objective: Examine choices and consequences in situations involving rules, sharing, and taking turns.

Learning Concept Self-Esteem

Vocabulary: responsibility, chore, situation, decision

Academic Focus: Language Arts

RESOURCES:

ACTIVITY

1. Review the definition of a RULE (regular way to do something). Ask students to identify rules at home, at school, and in the community.

2. Discuss what happens when rules are broken. Give examples. Explain to students that choosing to break or follow a rule is a decision we make.

3. Distribute handout: "Family Persuation." Answers to the handout may be written first and then discussed or activity may be brainstormed orally with all class members participating.

Handout:
"Family
Persuation"

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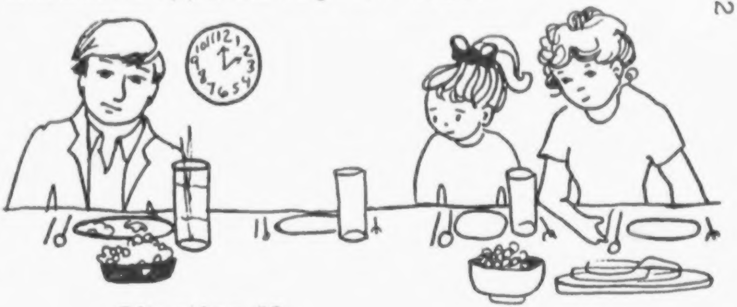
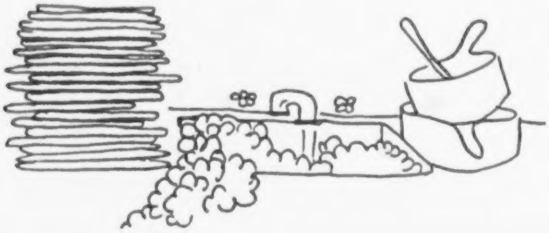
FAMILY PERSUASION

Read the following situations in which family responsibilities were neglected. Answer the questions as though each situation happened at your house.

Situation #1

You say you will be home at noon.
You didn't get there until 2:00.
Who will care? ____________________
Why? ______________________________
____



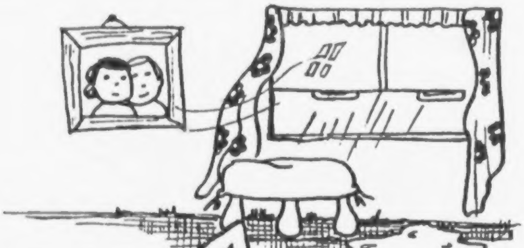


Situation #2

Someone was supposed to wash the dishes. The chore was not done.
Who will care? ____________________
Why? ______________________________
____

Situation #3

Someone in your family is supposed to take out the trash before going to work. That someone forgot.
Who will care? ____________________
Why? ______________________________
____



Situation #4

It is going to rain. Someone was to close the windows. That someone didn't.
Who will care? ____________________
Why? ______________________________
____

FRINGE BENEFITS

Situation #5

You were to feed the cat before going to school. You didn't.
Who will care? ____________________
Why? ______________________________
____

Write two situations of your own. Illustrate your situations and compare with those done by other classmates. You may want to make a class scrapbook of your family situations.

Goal: The student will demonstrate the ability to generate and follow rules.

Objective: Compile a list of individual responsibilities at home and at school.

Learning Concept Self-Esteem

Vocabulary: responsibility, responsible

Academic Focus: Responsibility

RESOURCES:

Handout:
"At Home"
"At School"

Cut-out letters or sign

ACTIVITY

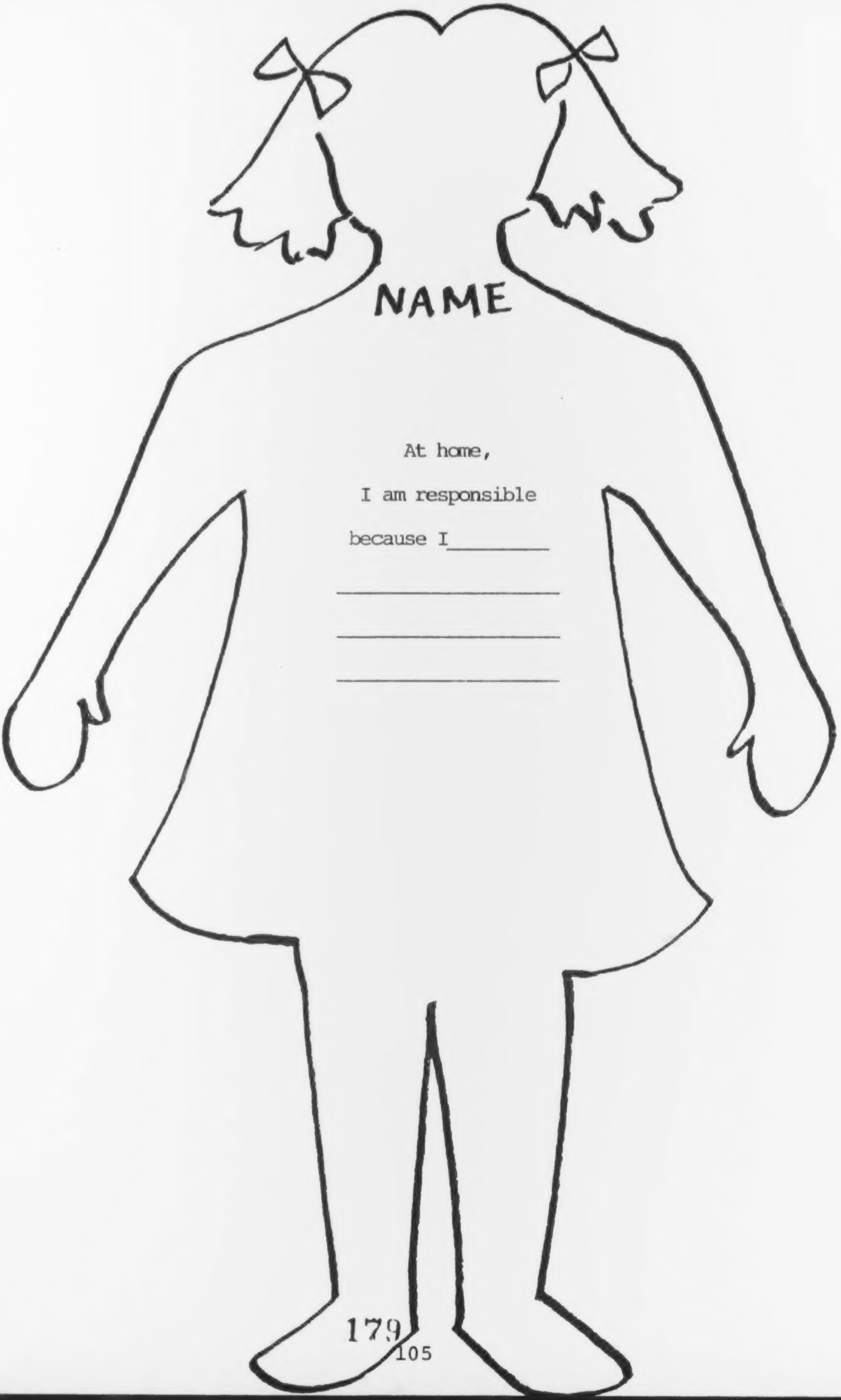
1. Write RESPONSIBLE on the board. Ask students to define. Explain that when we have rules, we must choose to follow them or to break the rules. If we follow the rules, we are RESPONSIBLE.

2. Discuss ways to be responsible at school and at home.
   Examples:
   At school - completing assignments
   - waiting our turn
   - sitting at our desk
   - asking permission to use other student's pencil

   At home - completing chores
   - helping family members
   - putting away own things
   - taking care of pets

3. Give each student handouts: "At Home" and "At School" (same sex). Student is to fill in name, complete the statement, and color. Collect handouts and display under the words: Responsible Kids are Great.

HANDOUT
2: D-3



NAME

At home,

I am responsible

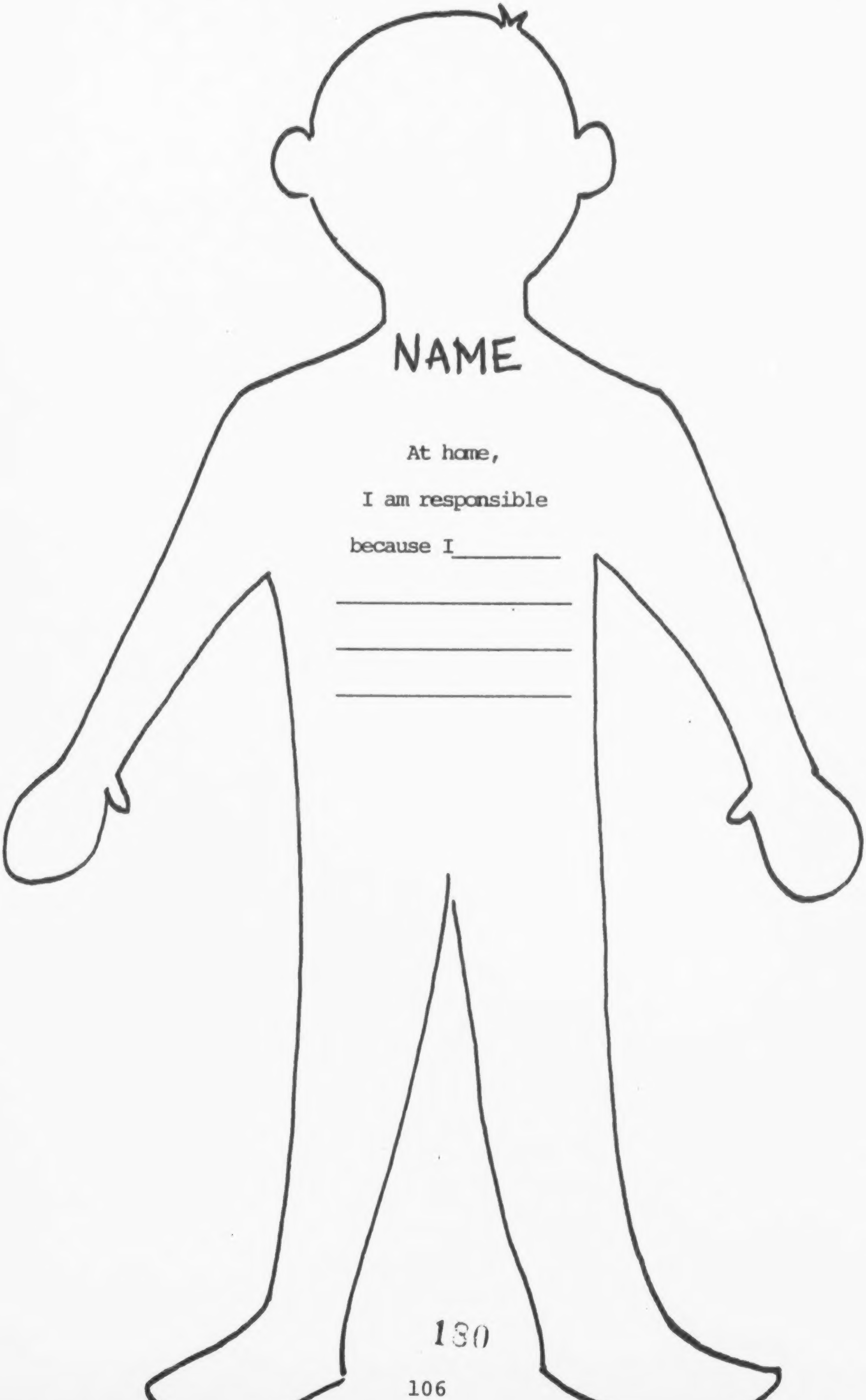
because I________

____

____

____

HANDOUT
2: D-3



NAME

At home,

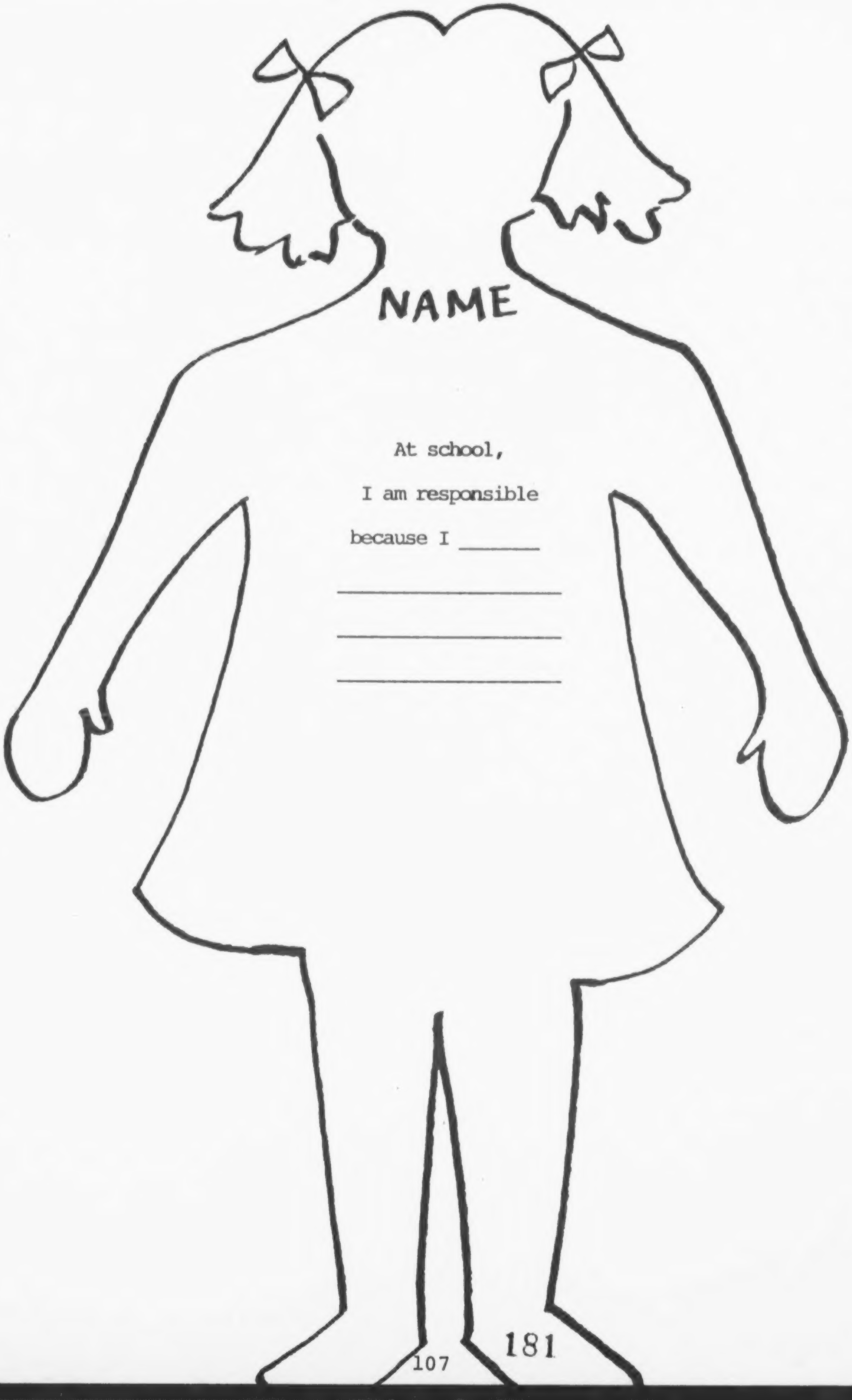
I am responsible

because I__________

____

____

____



At school,

I am responsible

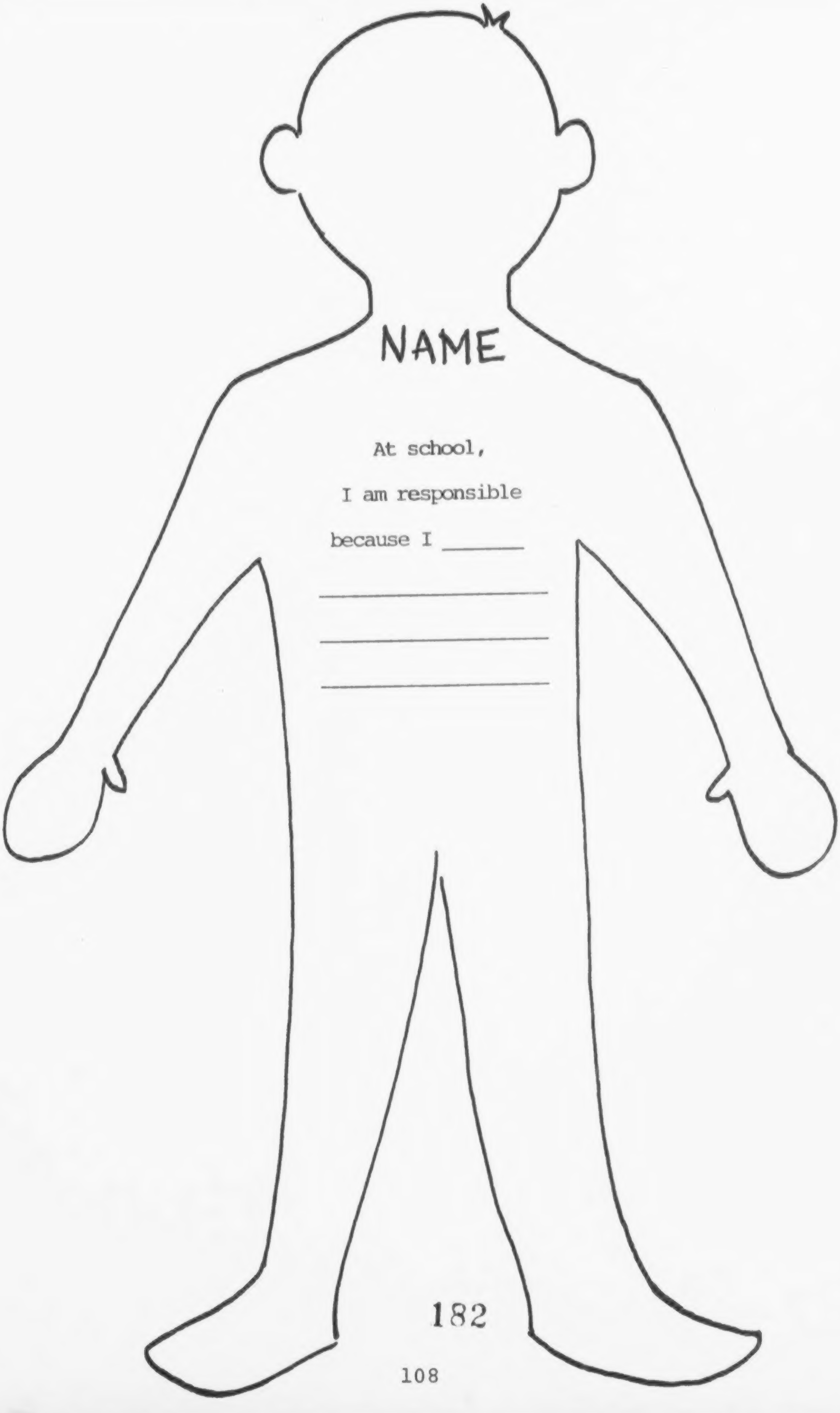
because I ______

____

____

____

HANDOUT
2: D-3



At school,

I am responsible

because I _______

____

____

____

2: EVALUATION COMPONENT

1. Name two situations when medicine may be needed and two situations in which medicine is not necessary. (e.g. may be needed for headache, not needed when feeling disappointed)

2. Name somewho who can be trusted to dispense medicine. (parent, nurse, doctor, pharmacist)

3. What should you do if a stranger or a friend of your older bother offers you something that looks like and aspirin and tells you "it tastes good, try it"?

4. State three positive things about you.

5. State three positive things about a good friend.

6. Why are labels important on medicine? (identify the contents, tell what it is used for, when to take it, how much to take, and potential dangers of the medicine)

7. State a safety rule related to medicine (drugs).

8. We follow rules at home, at school, and in the community. Name one rule in any of these places and tell why it is important to follow the rule named.

LEVEL K-3

GRADE 3

GOALS AND OBJECTIVES

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
3: A-1	112	Information	The student will develop a basic understanding of the properties of a drug.	Define the term drug as any substance which, when taken, changes the functioning of the mind or body.	H/PE - C56; C31
3: A-2	115	Information	(same as above)	Discuss how drugs travel through the body and their effect on body organs.	H/PE - C56 S - C6
3: A-3	118	Information	(same as above)	Define drug use, drug misuse, and drug abuse.	
3: B-1	120	Self-Esteem	The student will demonstrate an appreciation for individual differences among people.	Identify ways in which individuals differ and discuss benefits deriving from individual differences.	H/PE - C23
3: B-2	122	Self-Esteem	(same as above)	Illustrate how individual differences are shown through communication.	H/PE - C23 OC - 21; 22; 23
3: B-3	125	Self-Esteem	(same as above)	Demonstrate examples of giving affirmation to others.	H/PE - C23 OC - 37
3: C-1	128	Information	The student will demonstrate a recognition of the impact of drugs on physical and emotional health.	Discuss reasons people take drugs and alternatives to drug use.	H/PE - C56

GOALS AND OBJECTIVES

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
3: C-2	130	Information	(same as above)	Label beverages as alcoholic and non-alcoholic.	H/PE - C56
3: C-3	132	Information	The student will demonstrate a recognition of the impact of drugs on physical and emotional health.	Identify specific ways nicotine impacts the five senses.	H/PE - C56
3: D-1	134	Self-Esteem	The student will demonstrate the ability to interact effectively in a group situation.	Define cooperation.	H/PE - 4; 22 OC - 47
3: D-2	135	Self-Esteem	(same as above)	Discuss ways of expressing positive and negative feelings.	H/PE - 4; 22
3: D-3	139	Self-Esteem	(same as above)	Generate a list of qualities of successful groups.	H/PE - 4; 22

3: A-1

Goal: The student will develop a basic understanding of the properties of a drug.

Objective: Define the term drug as any substance which, when taken, changes the functioning of the mind or body.

Learning Concept Information

Vocabulary: substance, alcohol, nicotine, caffeine, prescription, non-prescription

Academic Focus: Categorization

RESOURCES:	ACTIVITY
Chalkboard Chalk	1. Write the word drug on the board. Define as any substance that, when taken, changes the functioning of the mind or body. Explain that there are different types of drugs used by people: a. controlled substances - such as heroin and marijuana b. unrecognized drugs - alcohol (whiskey, wine, beer, wine coolers), caffeine (coffee, cola drinks, tea, chocolate), nicotine (cigarettes, smokeless tobacco, cigars, snuff) c. over-the-counter drugs d. prescription drugs e. special class of substances which are used as drugs (paint, glue, gasoline) but were developed for other uses Emphasize that alcohol, nicotine, and caffeine are drugs even though they are "socially accepted." "Socially accepted" means that many people use them and our society does not punish people who use them without abuse. 2. Define the terms prescription and non-prescription. Lead a class discussion on the characteristics of prescription and non-prescription drugs. Focus on differences and similarities between the two types of drugs.

RESOURCES:

Handout:
"Prescription and Non-Prescription Drugs"

ACTIVITY

Differences:
a. prescription - must have a written prescription from a physician in order to purchase
b. prescription - can only be purchased from a licensed pharmacist
c. non-prescription - can be purchased over the counter without a doctor's prescription
d. non-prescription - can be purchased at different types of stores

Similarities:
a. should only be used when you are sick
b. should always follow the directions on the label
c. should always be stored in a safe manner
d. should only be dispensed by a responsible adult

3. Invite a pharmacist to visit the class and talk about safe and unsafe medicine practices. Encourage children to think of questions to ask.

4. Distribute the handout. Have the students label each item as prescription, non-prescription, or both. Discuss the students' responses to each item.

HANDOUT 3: A-1

PRESCRIPTION AND NON-PRESCRIPTION DRUGS

Place a check under the right column.

	PRESCRIPTION DRUGS	NON-PRESCRIPTION DRUGS	BOTH
1. Should be stored away from children.			
2. Can only be purchased from a licensed pharmacist.			
3. Should only be taken when you are sick.			
4. Can be harmful if taken incorrectly.			
5. Must have a prescription from a doctor in order to buy.			
6. Should only be taken if dispensed by a responsible adult.			
7. Can be bought at stores besides drug stores.			

Goal: The student will develop a basic understanding of the properties of a drug.

Objective: Discuss how drugs travel through the body and their effect on body organs.

Learning Concept Information

Vocabulary: drug, brain, lungs, liver, heart, stomach

Academic Focus: Body organs

RESOURCES:

Handout:
"The Body"
Pencil

ACTIVITY

1. Tell the students that they are going to review the body organs and learn how drugs travel through and affect the various parts of the body. Discuss: different drugs affect us in different ways, but all drugs change how our bodies work. For example, some drugs cause parts of our bodies to feel speeded up, like caffeine in coffee or nicotine. Some make our bodies feel slowed down, like alcohol or tranquilizers. Some drugs reduce pain, like codeine or aspirin. All drugs travel through the body and affect the organs in the body.

2. Distribute the handout. Have the students label their diagrams in the following way:
   a. The brain is located in the head. It is the thinking part of the body. Write the word "brain" on the diagram of the brain. Drugs can keep the brain awake, put it to sleep, or make it imagine things.
   b. The lungs work in respiration or breathing. They are located in the chest. Write "lungs" on the diagram. Drugs like nicotine can cause disease in the lungs and make it difficult to breath.
   c. The liver is located under the lungs and functions to filter the blood of poisons. Write "liver" on the diagram. Some drugs like alcohol interfere with the liver's job and can cause a person to become sick.
   d. The heart moves the blood through the body. It is located in front of the lungs. Write "heart" on the diagram. Drugs can make the heart beat faster or slower.

RESOURCES:

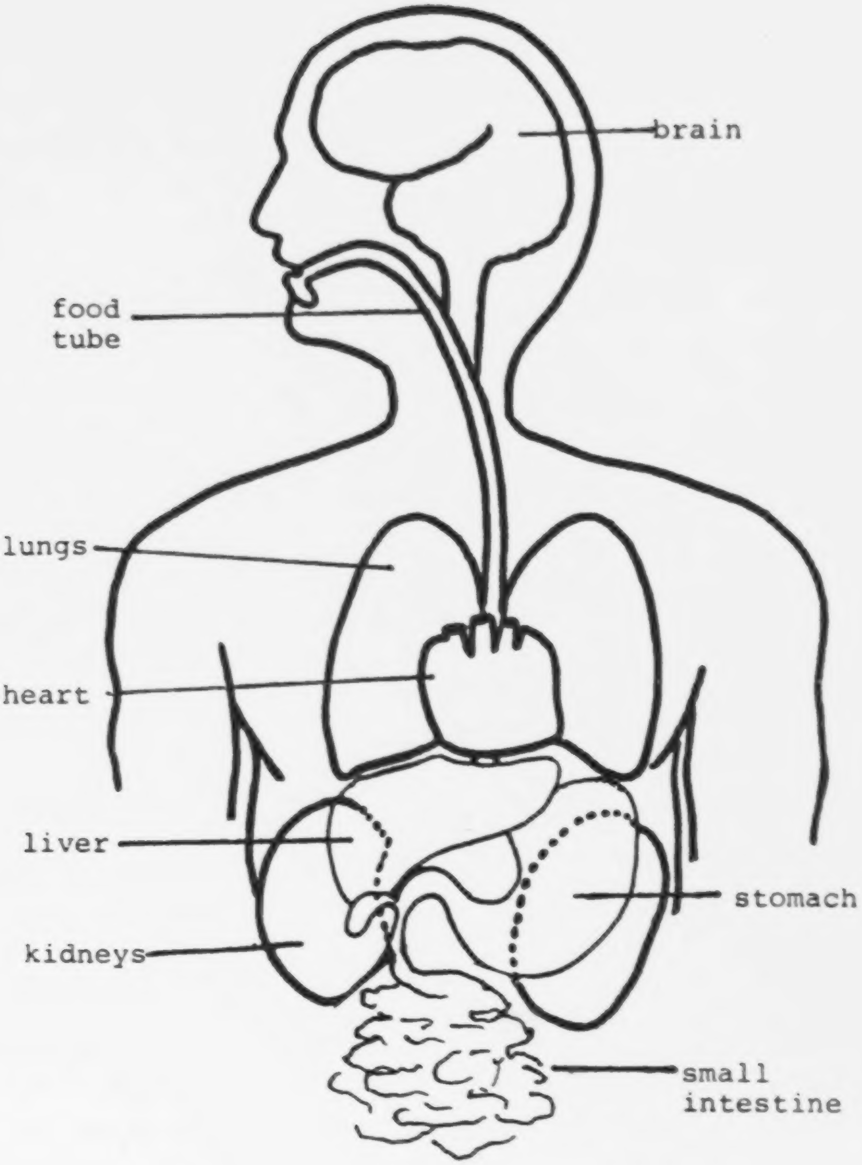
ACTIVITY

e. The stomach works to digest food. It is located next to the liver. Write "stomach" on the diagram. Drugs are dissolved in the stomach and sent to all parts of the body through the blood stream.

3. Stress that drugs produce effects in our bodies that can be beneficial when taken properly, but can make our bodies sick if not used properly.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

THE BODY


brain
food tube
lungs
heart
liver
kidneys
stomach
small intestine

Goal: The student will develop a basic understanding of the properties of a drug.

Objective: Define drug use, drug misuse, and drug abuse.

Learning Concept Information

Vocabulary: misuse, abuse

Academic Focus: Art

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Tell students "three terms describe how drugs can be taken." Write on the board: Drug Use, Drug Misuse, Drug Abuse. Discuss the meaning of each as follows:

   Use - deliberate intake of a drug substance.
   Misuse - use of a drug substance that is not for its intended purpose (e.g. taking too much; not following directions on the label; taking someone else's medicine; illegal use).
   Abuse - use of a drug substance to the harm of either the user specifically or other people in general (society).

   Ask students to give examples of each. Include such things as medicine, beer for an adult, aspirin. One example would be:
   Aspirin use = 1 tablet given by your mother for a fever
   Aspirin misuse = taking aspirin to feel better after losingyour homework
   Aspirin abuse = giving a bottle of aspirin to a younger child and saying they are candy.

RESOURCES:	ACTIVITY
Poster paper Pens/crayons	2. Have each student design a poster about drugs. (Students may use notebook paper if unlined paper is not available). Each poster should read: "DRUGS ..." (the student completes) The students complete the idea and illustrate in any manner they choose. Display in the classroom.

Goal: The student will demonstrate an appreciation for individual differences among people.

Objective: Identify ways in which individuals differ and discuss benefits deriving from individual differences.

Learning Concept Self-Esteem

Vocabulary: individual differences, unique

Academic Focus: Language Arts; Music

RESOURCES:

Handout:
"Self-Notes"

ACTIVITY

1. Introduce the term INDIVIDUAL DIFFERENCES. Ask the class for a definition. List all responses. Explain that "individual differences" refers to all the ways that each person is different from all other people and is thereby unique. Go back over the list of definitions and decide as a class if the originally generated list of responses still applies.

2. List examples of ways in which individuals may differ. (e.g., height, likes/dislikes, abilities, living situation, musical ability, family size and make-up, strengths, areas for improvement, sound of voice)

3. Discuss possible benefits from the fact that we all possess "individual differences."

4. Distribute the handout: "Self-Notes." Ask student to explain the "musical scale." Point out that one individual difference might be some students are familiar with a musical scale due to music lessons while others may not be involved with music. Complete the handout according to the directions.

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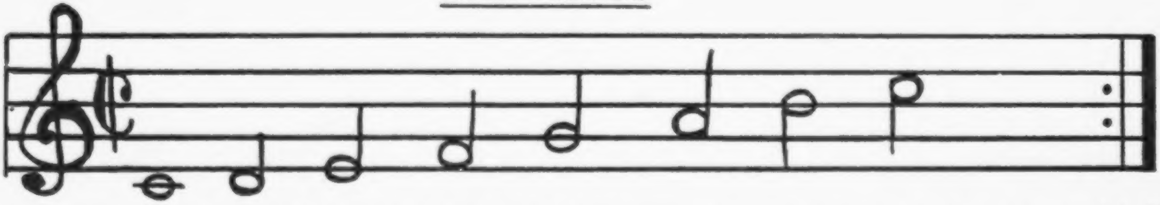
HANDOUT 3: B-1

SELF-NOTES



Follow the notes of the self scale. Write a sentence for each note subject.

Do - Something I can do well

Remember - a most memorable moment

Meaningful - something very meaningful to me

Favorite - my favorite thing

Solo - something I do by myself

Laughter - something that makes me laugh

Time - the best time of my day

DOuble - something I do with someone else

FRINGE BENEFITS

Put your self notes together. Write a "score" story telling about yourself. Compare your self notes with those of a friend. Can you make your notes work together? List the things you have in common.

Goal: The student will demonstrate an appreciation for individual differences among people.

Objective: Illustrate how individual differences are shown through communication.

Learning Concept Self-Esteem

Vocabulary: body gestures, movement, communication, sender, receiver

Academic Focus: Communication Skills

RESOURCES:

ACTIVITY

1. Ask: "What is communication? (a way of sending messages) For effective communication, we need a sender and a receiver." Discuss the following:
    a. What does the sender do? What does the receiver do?
    b. What are some ways we send messages when we want to communicate? (write, talk, gesture, make faces or noises, etc.)
    c. What are some ways we receive messages when someone is communicating or sending messages to us? (listen, read, watch)
    d. How many people do you need for effective communication? (at least 2, a sender and a receiver)
    e. What are some things which might cause communication to be ineffective? (one person not listening, misinterpreting a message, sending an unclear message, etc.)

2. Introduce students to the concept that BODY GESTURES and MOVEMENT can be used to send messages that express greetings, moods, feelings, and ideas.

3. Demonstrate how facial and body cues are used to give messages (e.g., waving hand to say good-bye, frowning to show anger, slouching and walking slowly when tired, jumping up and down to show excitement). Ask children to give other examples.

RESOURCES:

Teacher Aid:
"Communication
Detective Slips"

ACTIVITY

4. Ask individual students to represent the following by using only body gestures and facial expressions without any sounds:
    - a happy feeling
    - smelling garbage
    - pain in the leg
    - feeling scared
    - winning a game
    - agreeing with someone

5. Tell students they are going to be "communication detectives." One child comes forward and draws a slip of paper containing a message. He or she uses only his/her body (arms, legs, facial expression, etc.) to illustrate the message. Other students provide all possible messages that the gesture could communicate (e.g. stamping a foot = mad, stepped on a rock and hurt foot, dancing and feeling happy, impatient).

6. Discuss the body movements and gestures that the students made using the following questions:
    - Is it possible to "talk" with just your body?
    - What kinds of things did you say?
    - Were you able to "say" thoughts or feelings without talking?
    - What were some problems in "talking" with only your body?
    - How did your body provide clues to the message?

TEACHER AID
3: B-2

COMMUNICATION DETECTIVES

person stamping foot

person waving

person blowing a kiss

person holding nose

person putting one finger over lips

person rubbing stomach

person shaking head

person extending hand for handshake

person tiptoeing

person looking at watch

person frowning

person looking back over shoulder

person jumping up and down

person crying

person covering eyes with hands

Copy and cut each strip apart.

Goal: The student will demonstrate an appreciation for individual differences among people.

Objective: Demonstrate examples of giving affirmation to others.

Learning Concept Self-Esteem

Vocabulary: compliment

Academic Focus: Language Arts

RESOURCES:

ACTIVITY

1. Have students define COMPLIMENT. Include: honest, not asked for, points out positive, like presents you give and receive.

2. Ask students to discuss a time when they received a compliment, who gave it, and how it felt; when they gave a compliment.

3. Stress that compliments can be given for characteristics, qualities, jobs well done, anything about a person we admire. Compliments are not just for things we can see, like the clothes we wear. For example: "You sure are a good sport," or "I like your kindness," or "I think you did a terrific job on our class project. Thanks!"

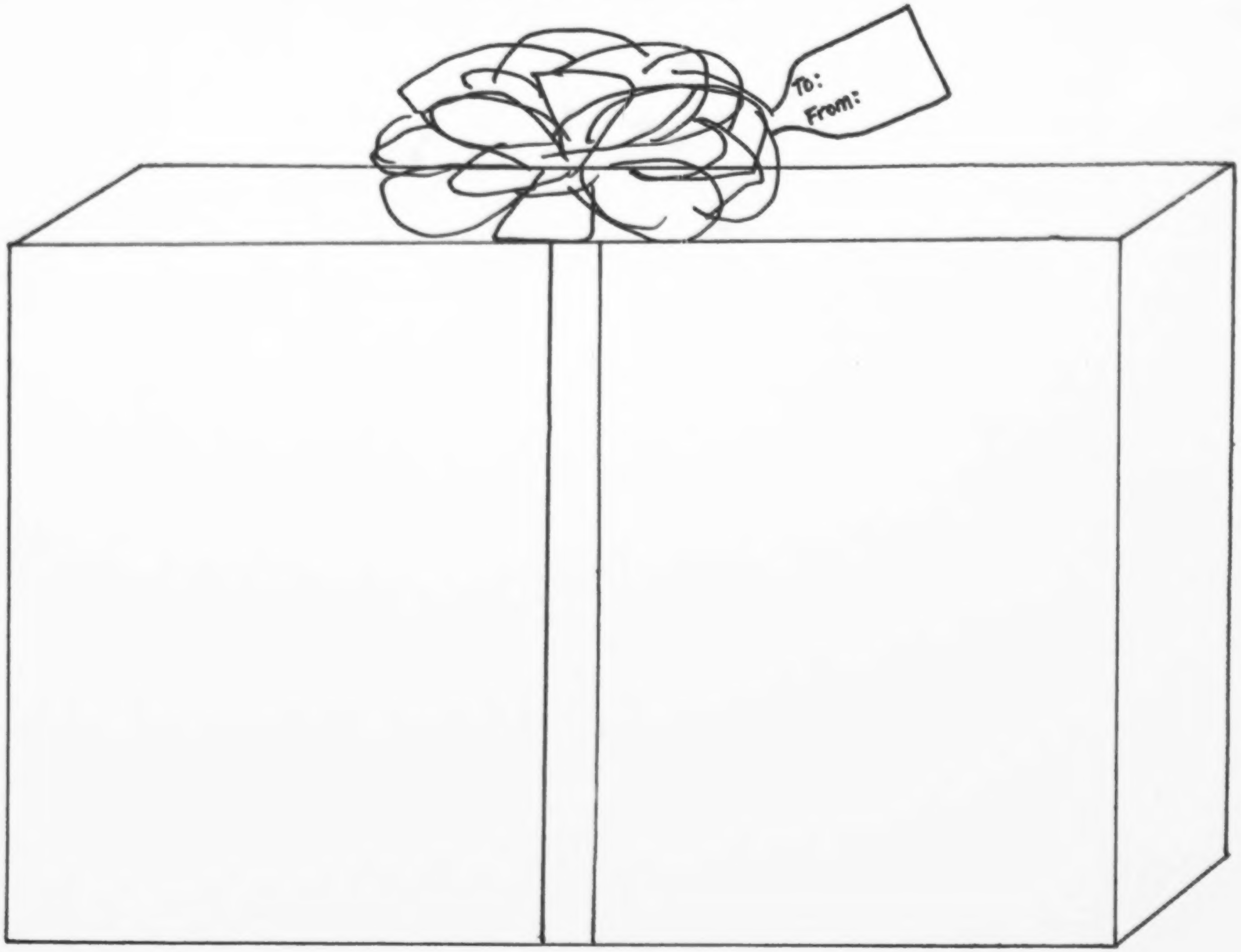
4. Tell class that, at first, it may be embarrassing to give a compliment, but just remember how good it feels when someone gives one to you. Discuss appropriate ways to respond to someone who gives you a compliment. For example, "thank you" or "thank you for telling me."

5. Ask students to think of specific compliments they could give: at home, on the bus, in the cafeteria, on the playground, in the library, etc. Let the children role-play giving and receiving compliments in these situations.

RESOURCES:	ACTIVITY
	6. Practice giving affirmation to others by dividing into small groups. Go around the circle giving a compliment to the person on your left about something that you like about that person. Practice responses to compliments also. Then reverse and give a compliment to the person on your right. This exercise may also be done with the class as a whole or in pairs.
Handout: "Compliment Presents"	7. Distribute the handout: "Compliment Presents." Students are to complete the handout as a gift for anyone at school or at home and present it to the person they chose. The presents may be decorated.

HANDOUT
3: B-3

COMPLIMENT PRESENTS



Goal: The student will demonstrate a recognition of the impact of drugs on physical and emotional health.

Objective: Discuss reasons people take drugs and alternatives to drug use.

Learning Concept Information

Vocabulary: emotional health, isolated, lonely, alternative

Academic Focus: Sentence development

RESOURCES:	ACTIVITY
	1. Reinforce that a drug is any substance that, when taken, affects the way the mind and body function. Lead a discussion on why people might take drugs. For example, drugs are used: - for physical reasons (to control pain, to go to sleep, to stay awake) - to escape from problems, like loneliness or sadness - to feel accepted by peers; to fit in - to relieve boredom - to feel important or grown up. Point out that not all reasons are bad (medicine is a drug and people take it to get well).
	2. Discuss how feelings may influence people to take drugs. Stress that there are other alternatives or things one can do to feel better besides taking drugs to cope with feelings.
Handout: "Feelings"	3. Distribute the handout. Explain that the feelings experienced in each of the situations are the kind of feelings that lead some people to use drugs. However, there are other ways of coping with these feelings in each situation. Have the children list alternatives (excluding drug use) for handling each situation. Then share these with the class.

HANDOUT
3: C-1

FEELINGS

Read each item and identify what the person is feeling. Then tell how that person might deal with the situation.

1. Mary is bored. It's been raining all day and she hasn't been able to go outside.

2. Steve's good friend, Beth, has gone to visit her grandmother for the summer. He misses her very much and is very lonely.

3. Karen feels very left out. She just moved to a new neighborhood and she doesn't know anyone.

4. Sara is upset. Her friends are going to the park but her mother won't let her go until she cleans up her room.

5. Bob is very confused. He just found out that his father and mother are getting a divorce.

6. John just can't seem to do anything right. His girlfriend just broke up with him; he didn't make the baseball team; and he got a D in social studies. He feels like a failure.

Goal: The student will demonstrate a recognition of the impact of drugs on physical and emotional health.

Objective: Label beverages as alcoholic and non-alcoholic.

Learning Concept Information

Vocabulary: alcohol, non-alcoholic, beverages, fermentation

Academic Focus: Vocabulary development

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Write alcohol on the board. Ask students to say what comes to mind when they hear the word "alcohol." Explain that alcohol is a drug and reinforce the definition of a drug as anything that, when taken, affects the way the mind and body function. Alcohol is one of the most commonly used drugs. Have the class share what they already know about alcohol.

2. Explain that beverage alcohol appears in 3 forms (beer, wine and wine coolers, and hard liquor or distilled spirits), and that all 3 affect the way the mind and body functions. Remind students that some people believe that drinking beer is not "really" drinking alcohol, but this is not true.

   1 can of beer = 1 glass of wine = 1 drink of hard liquor like whiskey

   Alcohol comes from grains or berries that have been mashed into juice and then stored for a certain length of time. This process is called fermentation. The juice turns into alcohol, and when drunk by a person, makes them feel different.

3. Ask students if they have ever seen someone on television, movies, or in person who was affected by alcohol. How did this person act? (e.g. silly; can't talk well, slurs words; poor balance, falls, weaves, knocks things over; loud, may yell or hit; passes out, goes to sleep, gets sick)

RESOURCES:	ACTIVITY
Notebook paper Pencil	4. Tell students to name non-alcoholic beverages (contain no alcohol; can't make a person drunk). Ask students to write the alphabet down a sheet of notebook paper leaving a space beside each letter. Each student is to write the name of a non-alcoholic beverage that starts with that letter (e.g. a = apple juice, b = blackberry, c = cherry cola, d = diet soda). Words can include product names (e.g. Dr. Pepper, Coca Cola). Make a master list on the board which incorporates all the students' individual lists. Stress that there are numerous drinks available that contain no alcohol and are good-tasting and good for the body.

Goal: The student will demonstrate a recognition of the impact of drugs on physical and emotional health.

Objective: Identify specific ways nicotine impacts the five senses.

Learning Concept Information

Vocabulary: senses, nicotine, tobacco

Academic Focus: Five senses

RESOURCES:

ACTIVITY

1. Read the following poem to the students:

I can touch with my hand
    and know where I am.
I can see with my eye
    way up in the sky.
With my tongue I can taste
    whether it's jam or it's paste.
I can smell with my nose
    and then find a rose.
I can hear with my ear -
    "comin' in loud and clear!"
All of these things make me
    here and alive.
They're my senses you see
    one, two, three, four, five.

2. Ask students to name our body's five senses:

hearing (ears)
smell (nose)
taste (tongue)
touch (hands and other body parts)
sight (eyes)

RESOURCES:	ACTIVITY
	Ask "How can we use each of our senses?"
	3. Explain that the drug nicotine is found in the smoking or chewing of tobacco products. Ask students to name tobacco products (include smokeless tobacco products like snuff). State that tobacco products affect our senses in the following ways: - stains teeth (taste) - deadens taste buds (taste) - stains fingers (touch) - produces odor in hair, clothes, or furniture (smell) - gives bad breath (smell) - pollutes the air (smell) - produces coughing (taste and smell) - irritates eyes (sight) - causes mouth ulcers (taste).
Paper Pens/Crayons	4. Ask students to draw a picture that illustrates how smoking or chewing tobacco products can affect our senses.

Goal: The student will demonstrate the ability to interact effectively in a group situation.

Objective: Define cooperation.

Learning Concept Self-Esteem

Vocabulary: cooperation, contribution, individual

Academic Focus: Vocabulary Development

RESOURCES:

Small sample of various ingredients used in baking a cookie or brownie:
e.g., flour
- salt
- water
- unsweetened chocolate
- vanilla

Cookie or brownie for tasting

ACTIVITY

1. Explain the COOPERATION is working together with others. Cooperation puts together each person's unique contribution for the benefit of all.

2. Illustrate the concept COOPERATION through the following example. Present individual samples of baking ingredients and let students taste each. Explain that alone, each ingredient may or may not be pleasant-tasting. As each sample is tasted, add to mixing bowl (does not need to be in exact recipe measurements). State that when all of these individual ingredients--just like individual boys and girls--are combined, however, and they work together or COOPERATE to make something wonderful.

3. Have samples of already prepared cookie or brownie and allow children to taste the finished product.

Goal: The student will demonstrate the ability to interact effectively in a group situation.

Objective: Discuss ways of expressing positive and negative feelings.

Learning Concept Self-Esteem

Vocabulary: positive, negative

Academic Focus: Opposites

RESOURCES:

Handout:
"Feeling Better"

229

ACTIVITY

1. Discuss POSITIVE (happy, good) feelings versus NEGATIVE (sad, angry) feelings. Let students give examples of when they experienced positive feelings and negative feelings. Stress that both feelings are normal and it is OK to feel both positive and negative feelings. Everyone experiences negative feelings sometime, however, negative feelings are harder to show and to talk about.

2. Write POSITIVE and NEGATIVE on the board. With students, generate a list of feeling words in each column. (See Appendix A, page 87 for examples of feeling words.)

3. Ask students to generate appropriate ways individuals can express negative feelings. Stress that when we show negative feelings, it is important not to hurt anyone else, e.g. when angry. Explain to the students that often our feelings are affected by our behavior (what we do). If we change what we do when we have a negative feeling, we can feel better.

4. Distribute handout: "Feeling Better." Tell students that this exercise shows how we can change what we do to feel better. Teacher completes the first example with the students as a model for the rest of the exercise. (e.g. When Mom says that I cannot go to my friend's house, I yell, slam the door. I feel mad,

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RESOURCES:	**ACTIVITY**
	disappointed, angry. Next time, I could listen to records, play a game outside and I would feel excited, challenged, happy, etc.) Remind the children that each statement has many answers; there is not just one correct way to feel better.

FEELING BETTER

1. When Mom says that I cannot go to my friend's house, I ____________________

____
DO

I feel ____.
FEELING

Next time, I could ____
DO

and I would feel ____.
FEELING

2. When my teacher tells me to improve my work, ____________________

____
DO

I feel ____.
FEELING

Next time, I could ____
DO

and I would feel ____.
FEELING

3. When my mother takes my sister for an ice cream cone and not me, I ________

____
DO

I feel ____.
FEELING

Next time, I could ____
DO

and I would feel ____.
FEELING

4. **When my pet gets hurt, I** ________________________________

____
DO

I feel ____.
FEELING

Next time, I could ________________________________
DO

and I would feel ________________________________.
FEELING

5. When I break something that belongs to my dad, I ____________________

____
DO

I feel ____.
FEELING

Next time, I could ________________________________
DO

and I would feel ________________________________.
FEELING

6. When I plan to go to the ballgame and it rains, I ____________________

____
DO

I feel ____.
FEELING

Next time, I could ________________________________
DO

and I would feel ________________________________.
FEELING

Goal: The student will demonstrate the ability to interact effectively in a group situation..

Objective: Generate a list of qualities of successful groups.

Learning Concept Self-Esteem

Vocabulary: group, organized group, group process, group task

Academic Focus: Language Development

RESOURCES:

ACTIVITY

1. Have a class discussion about groups. Brainstorm to determine a definition for the word "group" (e.g. 2 or more people). Explain that groups can vary. Some groups of people are organized and have a name, like the St. Louis Cardinals Baseball Team. Other groups just happen because of the time or place (i.e. people who are at a show, people in the park, people who live in a certain state, etc.).

2. Ask the children to write down a least ten groups to which they belong. Remind them that groups do not have to be organized or have names. For example, their list could include:
   ride bus 10
   have red hair
   Mrs. Jones' class
   3rd grade
   Bumble Bee readers
   church group.
   Share and discuss the lists.

3. Talk about group process and group task. Group process refers to the way the members of the group work or play together. How do they communicate? Is there a leader? Does each member cooperate? Group task refers to the job a group has undertaken (i.e. writing a play, cleaning the playground, etc.). Ask the

RESOURCES:

ACTIVITY

students: "Have you been involved in any group tasks today? This week? What were they?" Ask the children to use the group process to think of at least five group tasks.

4. Tell each student that he or she is going to develop an imaginary group. The group can be organized, like Boy Scouts, or it can be a task group, such as planning a party. In developing the group, the student is to describe his/her group by answering the following questions: (write these on the board)
   a. Does the group have a name? What?
   b. Who belongs to the group?
   c. How does one become a member of the group if one wishes to join?
   d. What does the group do?
   e. Is there anything about this group which makes it different from other groups?
   f. Why would you want to belong to the group?
   g. Does the group have a leader?
   h. Do people from all age groups belong or only a certain age group?
   i. List any rules of the group.

5. Share and discuss with the class. Ask:
   a. Did you hear about any groups which sounded appealing to you?
   b. What did you like about it?
   c. What makes a group successful?

3: EVALUATION COMPONENT

1. Define the term drug.____

____

2. Which is not true about a prescription drug?

   a. must have a written prescription from a physician in order to purchase
   b. should always be taken according to directions on the label
   c. can be purchased from anyone as long as you have a prescription
   d. should only be used when you are sick

3. Name two ways drugs can affect the body and give an example of a drug of each type.

____

____

4. Match the terms on the left with the correct meaning on the right:

   a. drug use ______1. use of a drug substance that is not for its intended purpose

   b. drug misuse ______2. use of a drug substance to the harm of either the user specifically or other people in general (society)

   c. drug abuse ______3. deliberate intake of a drug substance

5. Communication is a way of sending messages. To communicate we need both a ____________________ and a ______________________ for effective communication.

6. Give an example of how facial and body cues are used to send messages.

____

7. Which of the following is a good reason to use drugs?

   a. because the body is sick or hurts
   b. to escape from problems
   c. to fit in with friends
   d. to feel important or grown up

8. Sitting on the table is a shot of whiskey, a regular can of beer, and a glass of wine. Which has the most alcohol?

   a. the whiskey
   b. the beer
   c. the wine
   d. they all have the same

9. Name two ways nicotine affects our senses.

   ____

   ____

10. List three positive ways you might feel if a member of a group and three negative ways you might feel.

   Positive:____

   Negative:____

240

3: EVALUATION COMPONENT RESPONSES

1. A drug is any substance that, when taken, changes the functioning of the mind or body.

2. (c) can only be purchased from a licensed pharmacist (in some cases, doctors also dispense prescription medicines from their offices)

3. (See Teacher's Guide for additional information)
   a. speed it up; e.g. caffeine, nicotine
   b. slow it down; alcohol, tranquilizers
   c. reduce pain; codeine, aspirin

4. 1 (b); 2 (c); 3 (a)

5. sender, receiver

6. e.g. frown shows disappointment; wide smile and clapping hands shows excitement

7. (a)

8. (d)

9. stains teeth, deadens taste buds, stains fingers, gives bad breath, leaves odor in hair and clothes, irritates eyes

GOALS AND OBJECTIVES

GRADE 4

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
4: A-1	146	Information	The student will demonstrate a basic understanding of the effects of drugs on the individual.	Examine the effects of drugs on attitudes about self.	H/PE - 68 LA.B-1 - 352
4: A-2	149	Information	(same as above)	Examine the effects of drugs on behavior.	H/PE - 68 A - C41
4: A-3	152	Information	(same as above)	Identify the basic categories of drugs and name an example from each.	H/PE - 68
4: B-1	155	Coping	The student will develop an understanding of peer influences.	Identify characteristics of a peer group.	OC - 42
4: B-2	158	Coping	(same as above)	Examine factors related to acceptance and rejection by peers.	OC - 42; 48
4: B-3	161	Coping	(same as above)	Explore methods of communicating with peers.	OC - 42; 3; 10
4: C-1	165	Information	The student will demonstrate a basic understanding of the effects of the misuse and abuse of alcohol on the individual.	Define alcoholism.	S - C26
4: C-2	166	Information	(same as above)	Discuss the impact of alcoholism on the family.	H/PE - 48; 49 S - C26

GRADE 4

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
4: C-3	174	Information	(same as above)	Identify resources for dealing with alcohol misuse and abuse.	H/PE - 48; 49 S - C26
4: D-1	177	Coping	The student will develop an understanding of the impact of stress.	Describe stressful situations.	H/PE - 49
4: D-2	178	Coping	(same as above)	Explore alternatives for coping with stress.	H/PE - 24; 50
4: D-3	179	Coping	(same as above)	"Say No" as a coping strategy for stress.	OC - 39

Goal: The student will demonstrate a basic understanding of the effects of drugs on the individual.

Objective: Examine the effects of drugs on attitudes about self.

Learning Concept Information

Vocabulary: negative, positive, attitude

Academic Focus: Language development

RESOURCES:

ACTIVITY

1. Lead a discussion on why people use drugs. (See Appendix A, pages 54-59.) Stress that those people who use drugs often have negative thoughts about themselves and their situation. For example: I don't like myself so I'll take this drug to forget about it; I'm bored so I take drugs because I don't have anything else to do; I'm lonely so I take drugs because I don't know how to make friends.

2. Stress that these negative thoughts of someone who uses drugs can be turned into the positive thoughts of someone who is drug-free. Drug-free people feel better about themselves and their environment. They have other things to do besides take drugs.

3. Reinforce the difference between someone who uses drugs and someone who is drug-free. Stress that people who use drugs often have very negative feelings in addition to very negative thoughts about themselves. They feel hurt, angry, lonely, sad, frightened, etc. These feelings often have a lot to do with why they take drugs. They may believe that the only way they can forget their negative feelings and have a good time is by taking something. Drug-free people sometimes feel bad too but they deal with these feelings in different ways than do people who take drugs. Drug-free people also know many other ways to feel better about themselves.

RESOURCES:	ACTIVITY
Handout: "Drug-Free Attitudes"	4. Distribute the handout. Have the students change the negative thoughts of the person who uses drugs into the positive thoughts of a drug-free person. Discuss the responses together as a class or ask the students to complete the handout individually.

HANDOUT
4: A-1

DRUG-FREE ATTITUDES

USES DRUGS	DRUG-FREE
1. "I can't do anything right; nothing ever goes my way."	(e.g. I missed this question because I was careless. I'll improve my score on the next assignment.)
2. "School is a drag! There isn't one good thing about this old school."	(e.g. Sometimes I get tired of going to school, but I sure enjoy seeing my friends every day.)
3. "Gosh, I'm bored; there's never anything to do around here."	
4. "My parents are always nagging at me. We just can't get along."	
5. "I just can't keep up in school; I guess I'm just dumb."	
6. "John didn't even speak. Nobody here likes me."	
7. "I can't find my homework. Why even bother."	
8. "Dad yelled at me. I'm such a failure."	

Goal: The student will demonstrate a basic understanding of the effects of drugs on the individual.

Objective: Examine the effects of drugs on behavior.

Learning Concept Information

Vocabulary: behavior

Academic Focus: Creative expression

RESOURCES:	**ACTIVITY**
	1. Reinforce that people who are drug-free have positive thoughts and feelings while people who use drugs have negative thoughts and feelings. Discuss how these negative thoughts and feelings can influence behavior or what we do. Stress that if we are feeling bad about ourselves we don't act in the same ways as we do when we are feeling good about ourselves. Have the students give some examples of how a person who uses drugs might behave (e.g. mope around, not want to do anything fun with his/her friends, fight with his/her parents, become secretive, etc.). Then have them give examples of how a person who is drug-free might act (e.g. laughing and smiling, playing games with friends, going on family outings, etc.). Stress that there are many fun things for drug-free people to do.
Handouts: "Fun, Fun, Fun" "Drug-Free"	2. Have the students draw a picture to match what the character is saying in each handout. Encourage the students to use their imagination in coming up with fun things to do.

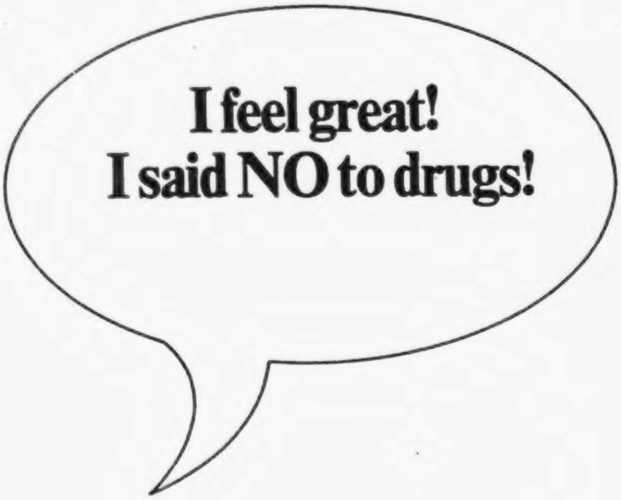
Adapted from "Soozie and Katy", President's Drug Awareness Campaign, Drug Enforcement Administration.

HANDOUT 4: A-2

FUN, FUN, FUN!!!

This is what I do for fun!

Draw a picture to match what the character is saying.


I feel great!
I said NO to drugs!

Draw a picture that matches what the character is saying.

Goal: The student will demonstrate a basic understanding of the effects of drugs on the individual.

Objective: Identify the basic categories of drugs and name an example from each.

Learning Concept Information

Vocabulary: classify, narcotic, depressant, stimulant, inhalant, cannabis, marijuana, hallucinogen, detective

Academic Focus: Categorization

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Write drug on the board. Ask the students, "What is a drug?" (See Activity 3: A-1, or Appendix A, pages 2-4.) Listen for accuracy in the students' responses and correct inaccurate information.

2. Explain that drugs are classified (grouped together) by the way they work in the body -- their effect. List on the board:

   DRUG CLASSIFICATION
   Narcotics - (N)
   Depressants - (D)
   Stimulants - (S)
   Hallucinogens - (H)
   Inhalants - (I)
   Cannabis - (C)

3. Add a column labeled EFFECT beside the Drug Classifications and fill in as each drug's effect is discussed. (N = reduces pain; D = slows down movement, breathing, and thinking; S = speeds up movement, talking, and breathing; H = makes things seem unreal, may hear and see things that are not there; I = affects the brain and may cause permanent damage; C = some effects of both S and D)

RESOURCES:

Handout:
"Drug
Detective"

ACTIVITY

4. Add another column labeled EXAMPLE. Ask the students to give examples of drugs. Place the name across from the correct classification. If the students cannot provide examples, state: "Alcohol is a drug. Where does it belong on the chart?" Repeat with nicotine, caffeine, codeine found in cough medicine prescribed by a doctor, cocaine, LSD, gasoline, and marijuana. (The information in Appendix A, pages 9-35, contains information to explain effects and examples.)

5. Ask the students to give examples of when they have seen drugs being used (both appropriately and inappropriately - e.g. taking aspirin for headache vs. chewing tobacco while playing baseball). Examples should include television ads and shows, magazines, etc.

6. Tell the students they are going to become "Drug Detectives." Distribute the handout. The students are to find examples of drug use on T.V. or in magazines. Remind the students that drugs include medicines; alcohol; nicotine in tobacco; and caffeine in coffee, tea, soda, and chocolate. Each time they find an example of drug use they should record it on the handout chart. (This activity may be continued for as long as the teacher chooses.) Ask the students to return the charts for discussion at the completion of the detective assignment.

7. Discuss:
   - What did you learn about drug use?
   - What surprised you as a drug detective?
   - Was it easy/hard to find examples of drug use? Why/Why not?

DRUG DETECTIVE

TIME	SHOW	DRUG USED	BY WHOM	DESCRIBE EXAMPLE
example:				
6:35 PM	NBC News	cocaine; "coke"	male addict	filmed an arrest of a drug addict for the evening news
7:30 PM	Coke Ad	caffeine	teenagers	ad showing kids at beach, drinking Coke which contains caffeine
8:00 PM	Magnum PI	nicotine	Higgens	Mr. Higgens smoking while talking to Magnum

Goal: The student will develop an understanding of peer influences.

Objective: Identify characteristics of a peer group.

Learning Concept Coping

Vocabulary: peer, decode

Academic Focus: Mathematical Computation

RESOURCES:

ACTIVITY

1. Write on the board: PEER - one belonging to the same group, sometimes based on age, grade, interest, or status.
2. Explain the definition. Peers can be:
   - Kids in the same dance class or on the same sports team
   - People in the same class
   - Kids in the neighborhood with whom you play
   - Children in your church group
3. Ask students to give examples of their "peers."
4. Explain that often peers belong to groups. (A group is any set of people with the same purpose.) Ask for examples of groups: Girl Scouts, Boy Scouts, 4-H, YMCA, church groups, sports teams, etc.
5. Discuss the characteristics of any group:
   - name
   - goals
   - customs, habits, traditions
   - norms, rules
   - roles: leaders, supporters, non-supporters

RESOURCES:

ACTIVITY

Handout: "Peer Puzzle - Secret Code"

6. Distribute handout, "Peer Puzzle - Secret Code." State: "Peers are often called friends. All of us desire friends. Solve each problem and decode the secret message about peers." Follow the directions on the handout.

7. After students have solved the message, they may write their own arithmetic problems and develop a secret message.

Teacher Information

Answer to "Peer Puzzle - Secret Code":

S	H	A	R	I	N	G		I	S		A		W	A	Y		O	F
38	27	20	37	28	33	26		28	38		20		42	20	44		34	25

K	E	E	P	I	N	G		A		F	R	I	E	N	D.
30	24	24	35	28	33	26		20		25	37	28	24	33	23

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

PEER PUZZLE - SECRET CODE

Solve each problem. Write the answer on your page. In the blank below the answer, write the letter from the Secret Code that is the same as the number in the answer.

HANDOUT 4: B-1

Secret Code:
20 = A   21 = B   22 = C   23 = D   24 = E
25 = F   26 = G   27 = H   28 = I   29 = J
30 = K   31 = L   32 = M   33 = N   34 = O
35 = P   36 = Q   37 = R   38 = S   39 = T
40 = U   41 = V   42 = W   43 = X   44 = Y
45 = Z

$$\begin{array}{rrrrrrr} 75 & 100 & 18 & 503 & 256 & 44 & 13 \\ \underline{-\ 37} & \underline{-\ \ 73} & \underline{+\ \ 2} & \underline{-\ 466} & \underline{-\ 228} & \underline{-\ 11} & \underline{\times\ \ 2} \\ 38 & & & & & & \\ \underline{\ S\ } & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

$$\begin{array}{rr} 80 & 19 \\ \underline{-\ 60} & \underline{\times\ \ 2} \\ \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

1/2 of 40 = _____

_____

$$\begin{array}{rrr} 16 & & 831 \\ \underline{+\ 26} & 5\overline{)100} & \underline{-\ 787} \\ \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

$$\begin{array}{rr} 10 & 12\ 1/2 \\ 9 & \underline{+\ 12\ 1/2} \\ 6 & \\ \underline{+\ \ 9} & \\ \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

$$\begin{array}{rrrrrrr} 10 & 411 & 5\ 1/4 & 761 & 75\ 3/4 & & 331 \\ \underline{\times\ \ 3} & \underline{-\ 387} & 9\ 3/4 & \underline{-\ 726} & \underline{-\ 47\ 3/4} & 17\overline{)561} & \underline{-\ 305} \\ & & \underline{+\ 9\quad\ \ } & & & & \\ \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

$$\begin{array}{r} 25 \\ \underline{\times\ .8} \\ \underline{\quad\quad} \end{array}$$

$$\begin{array}{rrrrrr} 5 & & & 8\ 1/2 & 501 & 7 \\ \underline{\times\ 5} & 19\overline{)703} & 13\overline{)364} & 8\ 3/4 & \underline{-\ 468} & \underline{+\ ?} \\ & & & \underline{+\ 6\ 3/4} & & \\ \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} & \underline{\quad\quad} \end{array}$$

Goal: The student will develop an understanding of peer influences.

Objective: Examine factors related to acceptance and rejection by peers.

Learning Concept Coping

Vocabulary: invisible, self-concept

Academic Focus: Language Arts

RESOURCES:

Large sheet of paper

Marker

ACTIVITY

1. Take a sheet of paper and write the letters IALAC (pronounced I-ah-lack) on it in large bold print. Holding this to your chest so that the students can see it, tell them, "Everyone carries an invisible IALAC sign around with them at all times and wherever they go. IALAC stands for 'I am loveable and capable.' This is our self-concept, or how we feel about ourselves. The size of our sign--or how good we feel about ourselves--is often affected by how others interact with us. If somebody is nasty to us, teases us, puts us down, rejects us, hits us, etc., then a piece of our IALAC sign is destroyed. [Illustrate this by tearing a corner piece off the sign.] I am going to tell you a story to illustrate how this happens in everyday life."

   Then proceed to tell the students about a boy or girl who is the same age they are. Pick a name that no one in the class has. As you tell the story, try to be as emotional and dramatic as you can without burlesquing it too much. An outline is provided below. You will have to fill it in with your own imagination. Some teachers have the children help create the story as they go along. As you describe each event that negatively affects the student's IALAC sign, tear another piece of the sign off until at the end you are left with almost nothing.

   A possible outline for the IALAC story is as follows. Feel free to adapt, add to, change, and embellish it in any way you want:

RESOURCES:

ACTIVITY

A fourth-grade boy named Michael is still lying in bed three minutes after his alarm goes off. All of a sudden his mother calls to him, "Michael, you lazy-head, get your body out of bed and get down here before I send your father up there!" (rip!) Michael gets out of bed, goes to get dressed, and can't find a clean pair of socks. His mother tells him he'll have to wear yesterday's pair. (rip!) He goes to brush his teeth and his older sister, who's already locked herself in the bathroom, tells him to drop dead! (rip!) He goes to breakfast and finds soggy cereal waiting for him. (rip!) As he leaves for school, he forgets his lunch and his mother calls to him, "Michael, you've forgotten your lunch; you'd forget your head if it weren't attached!" (rip!) As he gets to the corner he sees the school bus pull away and so he has to walk to school. (rip!) He's late to school and has to get a pass from the principal who gives him a lecture. (rip!)

Continue the story through the school day with appropriate examples. Some possibilities are:

- Forgetting his homework
- Getting a 68 on a spelling test
- Being called on for the only homework question he can't answer
- Making a mistake in reading so that all the kids laugh
- Being picked last to play ball at recess
- Dropping his tray in the lunchroom, with everybody applauding
- Being picked on by bullies on the way home from school
- Being referred to as "Hey you!" in PE

When Michael gets home from school, some typical negative events might include not being able to watch the baseball game because his mother is watching her favorite soap opera or because he has not yet finished his homework, or being told to wash the dishes for the third night in a row because his older brother has band practice, etc.

End the story by showing Michael going to bed with and IALAC sign about as big as a quarter!

2. When you finish, ask the students to discuss the following questions:
How does your IALAC sign get torn up?
What things affect you the most?

RESOURCES:	ACTIVITY

What do you do that destroys the IALAC sign of others--in school, family?
How do you feel when your IALAC sign is ripped? When you rip someone else's?
What can we do to help people enlarge their signs rather than make them smaller?
Do you think it would have helped Michael's IALAC if he had had a friend?
Why does everyone want friends?
What are some things friends can do to make each other feel good about themselves?
Should you do whatever your friends ask you to do? Why or why not?
How does it feel not to have a friend?
How do friends help you feel included and accepted?
How can friends make you feel left out and unaccepted?

3. Tell of a time when someone helped you feel included or accepted. When you helped someone else.

The complete IALAC story is available in a booklet from Values Associates, Old Mtn. Rd., Hadley, MA 01035. They also have produced a film strip and audio cassette on the IALAC story. Write them for more information.

Goal: The student will develop an understanding of peer influences.

Objective: Explore methods of communicating with peers.

Learning Concept Coping

Vocabulary: communicate

Academic Focus: Communication

RESOURCES:

ACTIVITY

1. Explain that how we COMMUNICATE or "express ourselves to others" affects what we do, our behavior. For example:
   - If we do not express our opinions, we sometimes allow others to make decisions for us.
   - If we express our opinions too aggressively or forcefully, we may lose friends or make people unhappy.

2. Discuss how to talk assertively to express your own opinion.
   - Look directly at someone as you speak.
   - Begin statements with "I think" or "I feel" or "I disagree."
   - Use a calm, interesting voice.

3. Discuss the importance of being a good listener also. Model each behavior of the listener.
   - Nod to indicate interest or involvement.
   - Make open-ended statements to get more informaion.
   - Restate the thoughts of the talker.
   - Reflect the feelings that he/she thought they heard.

RESOURCES:

Handout:
"Communication Checklist - Listener and Talker"

ACTIVITY

4. Distribute the handout "Communication Checklist." Tell students that they will watch a communication situation and decide if the listener and talker use good communication skills. Review the questions on the handouts.

5. Ask several students to role-play the following communication situation:

   (Requires two people) One person should say, assertively, that he or she is unable to help with the posters for the club meeting. The other person should play the role of the good listener.

6. Ask students to complete the handouts individually. Discuss the handouts with the group following the role-play. Focus the discussion constructively.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 4: B-3

Communication Checklist

LISTENER

1. Did the listener nod his/her head (or some such non-verbal activity) to indicate his/her interest and involvement most of the time?

____ yes ____ sometimes ____ not very much

Are there any suggestions you want to make?

2. Did the listener make open-ended statements to get more information?

____ yes ____ no

Are there any suggestions you want to make?

3. Did the listener restate the thoughts of the talker to make sure he/she accurately heard what the person was saying?

____ yes ____ no

Are there any suggestions you want to make?

4. Did the listener reflect the feelings that he/she thought she heard from the talker - to check them out?

____ yes ____ no

Are there any suggestions you want to make?

did I hear what you said?

Communication Checklist

TALKER

HANDOUT 4: B-3

1. Did the person who did the talking look directly at the listener most of the time?

____ yes ____ sometimes ____ not very much

Are there any suggestions you want to make?

2. Did the talker make "I" statements about their thoughts most of the time?

____ yes ____ sometimes ____ not very much

Are there any suggestions you want to make?

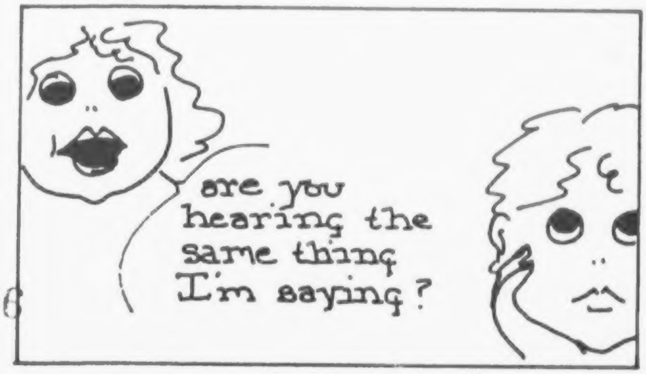
3. Did the talker make "I" statements about his or her feelings most of the time?

____ yes ____ sometimes ____ not very much

Are there any suggestions that you want to make?

4. Did the talker use a calm, interesting voice?

____yes ____sometimes ____not very much


are you hearing the same thing I'm saying?

Goal: The student will demonstrate a basic understanding of the effects of the misuse and abuse of alcohol on the individual.

Objective: Define alcoholism.

Learning Concept Information

Vocabulary: alcoholism, intoxicated

Academic Focus: Art

RESOURCES:	**ACTIVITY**
Paper Crayons Colored pens	1. Define alcoholism as an illness in which an individual possesses less and less control over his/her drinking. An alcoholic cannot control his/her drinking behavior. Once an alcoholic begins drinking, he/she will usually drink until intoxicated. 2. Have the students draw a picture which illustrates some aspect of alcohol. The pictures may have a message or slogan (e.g. "Don't drink," "Alcohol hurts," etc.) if the student chooses. Display the artwork in the classroom.

Goal: The student will demonstrate a basic understanding of the effects of the misuse and abuse of alcohol on the individual.

Objective: Discuss the impact of alcoholism on the family.

Learning Concept Information

Vocabulary: alcoholic, progressive disease

Academic Focus: Reading concept

RESOURCES:	ACTIVITY
Handout: "Meet the Smith Family"	1. Reinforce the definition of alcoholism as a progressive disease in which the individual loses control over his/her drinking. Point out that alcoholism affects not only the alcoholic but also the family and friends of the alcoholic. 2. Distribute the story, "Meet the Smith Family." Tell the students: "This is a story about children. It's also a story about families. Since all of you are children and you all have families of one sort or another, this story will be a little bit familiar to all of you." Give the students adequate time to read it at their desks. 3. Lead a discussion on the story. Have the students address such questions as: "How did alcoholism affect the different members of the Smith family?" "How do you think the Smith children felt about their father's drinking?" "What do you think the Smith children could do about their problem?"

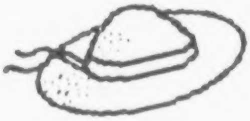
The following story material is taken from The New Skills Program written by The Rhode Island Youth Guidance Center o 82 Pond Street, Pawtucket, Rhode Island 02860, (401)-725-0450, and copyrighted in 1985.

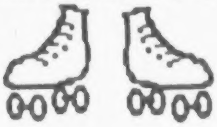
HANDOUT
4: C-2

Meet Alexander Smith. He is eleven and a half years old. His favorite things to do are play baseball, go to movies, and eat ice cream. Alexander's least favorite things to do are make his bed and go to the doctor's.

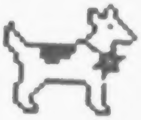
Elizabeth Smith is Alexander's sister, and she is nine years old. Elizabeth likes riding her bike, collecting bottlecaps, and reading books about horses. Some things Elizabeth does not like to do are eating tomatoes and walking to school in the rain.

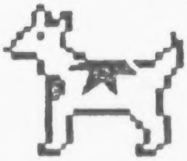
Alexander and Elizabeth have a younger sister, and her name is Mimi Smith. Mimi is seven-almost-eight years old, and her favorite things to do are make clubhouses, climb trees, and roller skate. Losing her hat or anything else is something Mimi does not like to do!





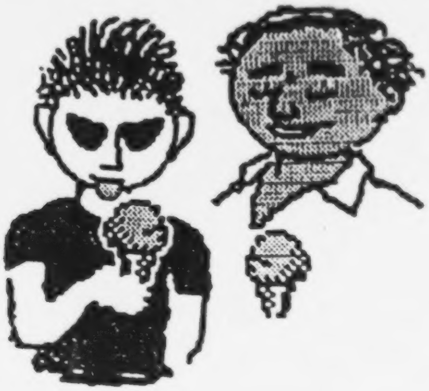
Alexander, Elizabeth, and Mimi live in a yellow house with their mother and father (Mr. and Mrs. Smith), and their dog, Star.

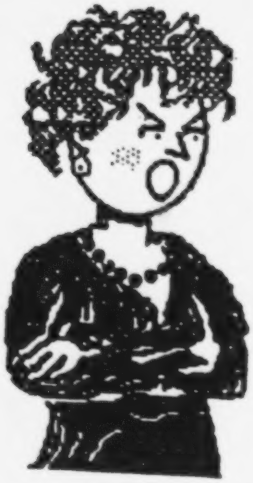




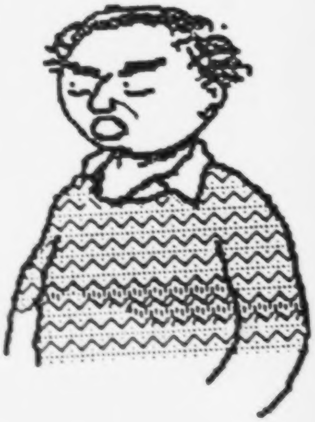
HANDOUT 4: C-2

Alexander, Elizabeth and Mimi can remember a lot of fun things they did with their mom and dad, like camping, swimming, and going out for ice cream.



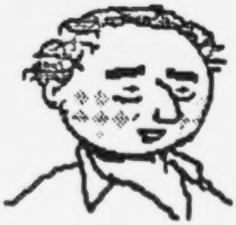


They still do these things once in a while, but lately it hasn't been very much fun. Sometimes, Alexander's, Elizabeth's, and Mimi's mom and dad yell and scream at each other; and sometimes Mr. Smith leaves the house and slams the door; and sometimes Mrs. Smith goes in her room and shuts the door.



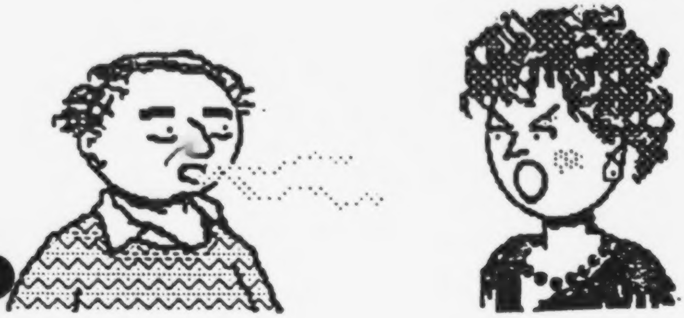
Alexander, Elizabeth, and Mimi are not sure why their parents yell so much at each other. In fact, there are a lot of things Alexander, Elizabeth, and Mimi do not understand, like:

How come dad...



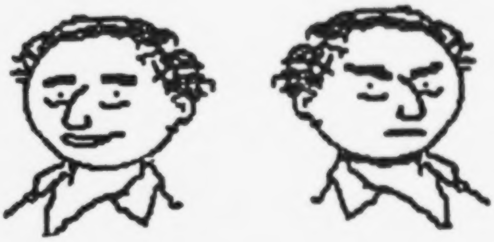
How come dad talks funny and mixes his words up sometimes when we want him to talk to us?

How come dad comes home sometimes and wobbles instead of walks and says he can't play with us right now?



How come mom yells when dad has that funny smell on his breath?

How come dad sometimes can't remember things he said to us only yesterday?



How come dad acts like a completely different person sometimes, and does things which seem foolish or mean?

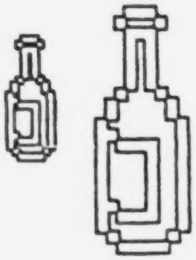
HANDOUT 4: C-2

How come when dad starts drinking, he doesn't stop even though mom tells him to?

How come we get a scary feeling when dad drives after drinking a lot?

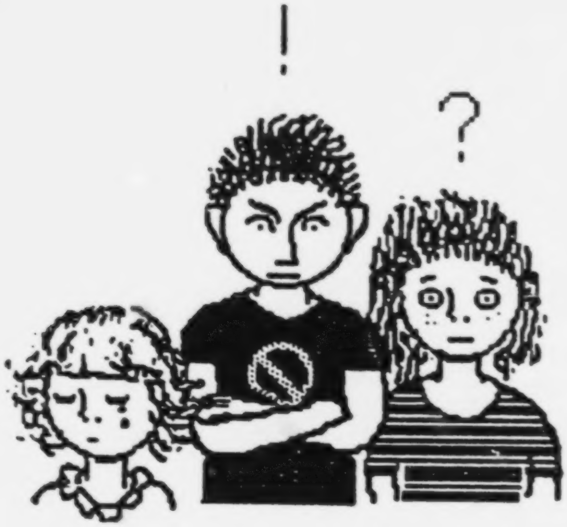
How come grandpa told dad to "lay off the booze" and dad got mad, and grandma told mom that dad drinks too much and mom looked sad?

Why does dad act that way anyways?



HANDOUT 4: C-2

Alexander, Elizabeth and Mimi think they are the only ones in the world who live with parents who fight a lot. They think they are the only ones in the world who have a parent who drinks too much. They think they are the only ones in the world who get confused and angry and sad sometimes.



Alexander, Elizabeth, and Mimi do not realize that in the world **THERE ARE LOTS OF CHILDREN LIKE THEM !!**

Goal: The student will demonstrate a basic understanding of the effects of the misuse and abuse of alcohol on the individual.

Objective: Identify resources for dealing with alcohol misuse and abuse.

Learning Concept Information

Vocabulary: Alcoholics Anonymous, Al-Anon, Alateen, counselor

Academic Focus: Communication skills

RESOURCES:

Handout:
"Getting Help"
Pencil

ACTIVITY

1. Reinforce the fact that families and friends can get help in coping with alcohol misuse and abuse. Refer back to the story about the Smiths. Talk about some things the Smith children could do to get help.
2. Distribute the handout. Explain to the students that this is a list of people who can help with alcohol-related problems. Read the handout out loud as the students follow along at their desks.
3. After reading the handout, ask the students to complete the situations on the following sheet. Tell them that they can refer to the list for possible people to contact in each situation. After they are finished, discuss their responses.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

GETTING HELP

If you or your friends have any questions about alcohol, there are people who can help you...they can answer questions about alcohol and they can help people with alcohol-related problems. You can get in touch with them by using the YELLOW PAGES of the phone book, or calling the operator at 1411.

Look at the list below of people who can help.

AA (Alcoholics Anonymous) -- a group that helps alcoholics stop drinking.

AL-ANON -- a group to help the family or close friends of alcoholics.

ALATEEN -- a group to help children, brothers, sisters of alcoholics.

DOCTOR -- helps alcoholics stop drinking; tells them about other places where they can get help.

SCHOOL NURSE -- answers questions about alcohol; helps students who have a drinking problem or who have a problem drinker in the family.

MENTAL HEALTH CENTER -- has counselors who talk to alcoholics and their families about drinking; helps alcoholics stop drinking.

GUIDANCE COUNSELOR -- talks to students about problems or questions that are personal, or that relate to alcohol.

TEACHER -- can answer questions about alcohol; talks to students about problems or concerns about alcohol; can send the student to the guidance counselor for help with concerns or problems.

CHURCH/TEMPLE -- ministers or counselors can provide personal help by talking about alcohol problems.

FRIENDS -- listen to description of alcohol problems and offer ideas on what the person can do.

HANDOUT 4: C-3

GETTING HELP

Please complete the following:

1. My friend's father drinks until he falls down and he yells. My friend is scared. I would tell my friend to ______________________________
____
because ____.

2. My big sister has been acting strange lately. She stays in her room all the time, her eyes are red, and I smell a funny-smelling smoke when I walk by her door. I am worried that she is using marijuana. I should talk with ____
____
because ____.

3. Billy, my next-door neighbor, cries often and bullies other kids who live near-by. His parents are divorced and he lives with his mother. His mother is an alcoholic. I asked my mother how we could help our neighbors. Together, we decided to talk with ____________________
____
because ____.

Goal: The student will develop an understanding of the impact of stress.

Objective: Describe stressful situations.

Learning Concept Coping

Vocabulary: stress

Academic Focus: Body Functioning

RESOURCES:

ACTIVITY

1. Introduce the term stress to the class. Explain that stress describes feelings of anxiety, nervousness, anger, confusion, and irritability that can interrupt our daily activities. Everyone feels stress at times. It is part of life. Stress can be very scarey.

2. Discuss potentially stressful situations with the students. The list could include:
   - Taking a test
   - Learning a new skill
   - Moving to a new town
   - The death of a pet
   - Breaking something that belongs to someone else.

3. Explain to the students that stress affects the whole body. Our bodies give us clues when we are anxious (e.g. upset stomach, headaches, tiredness, sleeplessness, inability to eat). It is important for us to recognize these signs of stress and to find ways of coping with the things that are causing us stress.

4. Have the students write a one page paper about a stressful situation in their lives and how it made them feel. Refer them back to the stress signals above. The students may decide whether or not to share their examples.

Goal: The student will develop an understanding of the impact of stress.

Objective: Explore alternatives for coping with stress.

Learning Concept Coping

Vocabulary: coping

Academic Focus: Language Development

RESOURCES:

ACTIVITY

1. Reinforce the definition of stress from the previous exercise. Remind the students that everyone feels stress at times and that stress can be very harmful unless it is dealt with effectively. Explain that this activity will help the students explore ways of coping with stress.

2. Explain that there are many ways of coping with stress (e.g. talking with a friend, parent, relative, teacher; participating in an activity you enjoy: music, baseball, swimming, painting, etc.).

3. Have the students make a list of stressful situations and the feelings they produce. Tell them they can refer back to the papers they wrote for the previous activity if they wish. Make three columns on the board (Stressful Situation, Feelings, Ways of Coping). Put the lists of situations and feelings developed by the students on the board. With the class, come up with means for coping with each situation and place these on the board. Encourage the students to be creative and to come up with ideas that they feel would work for them.

Goal: The student will develop an understanding of the impact of stress.

Objective: "Say No" as a coping strategy for stress.

Learning Concept Coping

Vocabulary: coping strategy, independent, prevention, pledge

Academic Focus: Communications; Journalism

RESOURCES:

Teacher aid:
Letter to request "Just Say No" materials

Handouts:
"It's a Fact"
"Learn How to Say 'No'"
"Spreading the Word"
"Certificate"

ACTIVITY

1. Copy the enclosed letter, fill in missing information (date, your address, number of students, signature), and mail for classroom copies of the "Just Say No" materials. Additional addresses are provided if you desire to order other materials.
2. Distribute handouts for Activities 1 - 4 over several class periods. Follow directions provided on the following pages copied from "Just Say No."

Adapted from Kids Can "Just Say No", 1985, The U.S. Department of Health and Human Resources, The National Institute on Drug Abuse, and The National Broadcasting Company

TEACHER AID
4: D-3

National Clearinghouse for Drug Abuse
Information
Dept. NBC
P.O. Box 1909
Rockville, Maryland 20852

Dear Sir:

Please send posters and print materials available on "Just Say No" to the following address:

I have students in my class. Thank you for your assistance.

Sincerely,

ACTIVITY ONE

It's A Fact

This activity will help students focus on what they know and don't know about drugs, including alcohol. It will stimulate student interest in the topics to be covered throughout the program and will encourage students to do some very serious thinking about the harmful effects of drugs. It will also encourage them to discuss the answers with their families and friends. Emphasize to your students that at their age, the use of drugs or alcohol is *never* appropriate. Discuss with them the fact that, at the least, drug users inflict a great deal of suffering upon their families and themselves. They may experience physical and/or mental deterioration, financial loss and the waste of valuable years. Finally, they may lose their lives.

Answers

1. Agree. People may become either psychologically or physiologically dependent on drugs, including alcohol.
2. Disagree. Marijuana affects memory, learning and often the interest in doing well. It can affect physical growth and social development. It also adversely affects lung function. People may develop problems with their jobs, schoolwork or personal relationships. Marijuana use may also have harmful effects on the reproductive system in both males and females. And young people especially can become dependent on it.
3. Disagree. Alcohol and caffeine are drugs. Alcohol is listed by the Food and Drug Administration as the drug most widely abused by Americans. Caffeine may be the world's most popular drug. It is found in coffee, tea, cola, cocoa and some non-prescription drugs.
4. Disagree. Federal law requires doctors, psychologists, other health professionals and drug treatment staff to keep confidential any information obtained from parents.
5. Disagree. Smoking marijuana can interfere with learning by impairing thinking, reading comprehension and verbal and mathematical skills. The drug can also impair or reduce short-term memory and reduce ability to perform tasks that require concentration.
6. Disagree. Most kids are first offered drugs by their friends, brothers, sisters and acquaintances — that is, their peers.
7. Agree. Many kids do turn to drugs in an attempt to run away from their problems. But this behavior does not help them cope with the problems that all of us must cope with in the real world and may very well lead to another set of problems.
8. Disagree. Smoking marijuana dulls thinking and may destroy brain cells, which do not reproduce themselves.
9. Agree. Peer pressure is a major influence in drug use. But positive peer pressure can be equally effective in turning kids *away* from drugs.
10. Disagree. Marijuana smoke is thought to contain more cancer-causing ingredients than cigarette smoke.

Discussion Question

1. What are some other common misconceptions that students may have about drugs and alcohol?

Follow-Up Activities

1. Have students suggest other statements to be included in the questionnaire. They can research the answers, or you can provide them. Then compile another list of statements and answers like those in Activity One.
2. Have students discuss drug and alcohol use with their parents. What were the common fears or misconceptions about drugs when their parents were young? How did their parents cope? What generational changes do the students note?

ACTIVITY TWO

Learn How To Say "No"

The purpose of this activity is to encourage students to think about ways to say "no" in different kinds of situations. If children learn to say "no" to things that might harm them, they will be able to cope more easily when they are pressured to try alcohol or drugs. They will feel comfortable standing up for their rights, refusing to cooperate with behavior they perceive as wrong, and giving honest feedback to others. They will gain an important measure of self-esteem and learn that they are free to detach themselves from situations in which they feel uncomfortable.

Sample Answers to Questions

1. You could tell your friend that you're sorry he wasn't well prepared for the exam and that you value his friendship, but that you don't feel comfortable giving or receiving information during an exam. You don't want to cheat!
2. You could tell your friends that you enjoy doing many different kinds of activities with them, but that playing this kind of trick isn't one of them. You could suggest a less destructive activity.
3. You could tell your friends that you don't choose to drink alcohol but you would love some soda or juice.
4. You could say that you have chosen not to experiment with drugs and that you wouldn't feel comfortable trying them even just this once. Just say "no!"

Discussion Questions

1. In what situations do students consider themselves leaders? In what situations are they usually followers? Would they like to change their behavior in any of these situations? How would they make the change?
2. What are your students' most strongly held beliefs about drugs and alcohol? Have them tell how they arrived at their beliefs and why they feel the way they do about them.

Follow-Up Activities

1. Have students bring the activity master home and ask their parents what *they* think is the most appropriate behavior in each situation. Have them discuss their parents' answers and their own answers and then report back to the class.
2. Have students role-play each of the four situations in the activity. Be sure to have them reverse roles at key points so that other points of view are made clear.

ACTIVITY THREE

Spreading The Word

This activity will help students focus on the drug issue in a very motivating and interactive way. By writing news and feature ideas for an imaginary newsletter, they will be able to explore both factual information and their own feelings. Explain to students that journalistic style is very direct and matter-of-fact and that they should try to get as much information as possible into a short space.

Discussion Questions

1. Why do students feel a newsletter written by people their own age is a good way to spread information about drug-related issues?
2. What do students feel are some other effective ways to spread the word to their peers?

Follow-Up Activities

1. Have students examine local and national newspapers for stories related to drug and alcohol abuse. They can divide the articles into two categories, positive and negative, and display them on the bulletin board.
2. Have students compile their stories into an actual newsletter that can be distributed throughout the school.

ACTIVITY FOUR

The "Just Say No" Certificate

As the students join the club, tell them that the best way for them to stay healthy is to "Just Say No" to drugs. To encourage pride in this commitment, each of them will receive a "Just Say No" certificate. Remind them of the purpose of their pledge to say "no": They are saying "no" to illegal drugs. They are saying "no" to any drug that alters their independent minds, threatens their healthy bodies, and is illegal for them to obtain — including alcohol. They are saying "no" to any situation that they feel will have negative results for them, whether short-term or long-term. They are saying "no" to the fear, danger and pain that results from drug use.

Follow-Up Activity

1. Have students create a bulletin board featuring all the benefits of a drug-free life. They can write essays or poems, cut pictures out of magazines, or make drawings that show healthy, happy people engaged in sports or pursuing education or careers.

Extended Activities

1. Have students design posters with a "Just Say No" theme. Display them in prominent places throughout the school.
2. Have students write public service announcements (one or two minutes in length) that tell other kids why they should say "no" to drugs and alcohol.

Activity 1

It's a Fact

Activity 1

HANDOUT 4: D-3

How much do you know about drug and alcohol use? Maybe you've talked about it with your friends or older brothers and sisters. But do you always have your facts straight?

Read the statements. Then, in the space marked "me," indicate whether you agree or disagree with each statement, or don't know. Then take the activity home and have a family member and friend fill it in.

		ME			FAMILY MEMBER			FRIEND		
		Agree	Disagree	Don't Know	Agree	Disagree	Don't Know	Agree	Disagree	Don't Know
1	One problem with drugs is that people can't always stop using them when they want to.									
2	Smoking marijuana does not have any long-range effects.									
3	Alcohol and caffeine are not considered drugs.									
4	You can't get medical help for a drug problem without getting into trouble with the police.									
5	Smoking marijuana does not interfere with schoolwork.									
6	Most kids are introduced to drugs by drug pushers.									
7	Many kids turn to drugs because they think it helps them avoid their problems.									
8	Smoking marijuana doesn't affect the brain.									
9	Kids often start using drugs because their friends are doing it.									
10	Tobacco smoke is more harmful than marijuana smoke.									

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Activity 2

Learn How to Say "No"

Activity 2

HANDOUT 4: D-3

Are you pretty independent? Can you stand up for yourself? Or do you usually go along with the crowd? It's important to know how to say "no" — that is, to know how you want to act in a certain situation and then do it — even if others are putting pressure on you to follow along with them. For example, if you are in a store with your friends and they think it would be fun to steal something, you can say you don't want to steal. You can leave the store.

Read the situations described below. Then write down how you would react in each situation.

Just say no.

1 Your class is taking an exam. A friend signals to you — he wants to copy one of your answers. You don't let him and he is angry with you afterwards. What do you say?

2 A group of your friends wants to play a trick on a handicapped student. They want you to join in but you feel it's wrong. What do you do?

3 You are at a party where some kids are drinking alcoholic beverages. Some of the kids are teasing you because you don't want to have any alcohol. What do you do?

4 The older sister of one of your friends has some marijuana. She wants you and your friend to have some. She says, "C'mon, try it. It will make you feel really cool. Just this once won't hurt you." You really don't want to try it but your friend does. What do you do?

3 2

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Activity 3

Spreading the Word

Activity 3

HANDOUT 4: D-3

One exciting way that kids can spread the word about saying "no" to drugs is by creating a newsletter that would contain news stories and features related to the drug prevention issues and activities.

Below is a sample page that might be included in a newsletter circulated by students.

Underneath each headline write a few sentences that tell about that particular subject.

"Just Say No"

NEWSLETTER

Just say no.

Just say no.

SCIENTISTS STUDY HARMFUL EFFECTS OF MARIJUANA!

DRUGS WON'T MAKE YOUR PROBLEMS GO AWAY!

CHANGE YOUR LIFE, NOT YOUR CHEMISTRY!

NICOTINE AND ALCOHOL SHOWN TO BE ADDICTIVE!

Now, take one of the headlines and write a full-length story about it.

HANDOUT
4: D-3

Activity
4

CERTIFICATE

Activity
4

"Just Say No"

Don't listen,
Don't listen to anyone else.
All you got to do is be yourself.

You got everything
Inside of you;
Have faith in yourself —
Your dreams will come true:
Say No,
Just Say No,
Say No,
Just Say No.

You don't have to be
Part of the crowd —
Be who you are
and stand up proud:
Say No,
Just Say No.

You don't have to act
like a great big star;
You can be a hero,
Be who you are:
Say No,
Just Say No.

"Just Say No" PLEDGE

I know who I am and I know that I want to stay healthy and happy. I can stand up for myself and stick to my decision to live a drug-free life. I can ask for support from my friends and my family. I pledge to say "no!" to drugs and alcohol. I can help others say "no" to drugs and alcohol.

Just say no.

Name

Teacher's Signature

Parent's Signature

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4: EVALUATION COMPONENT

1. People who are drug-free have positive thoughts and feelings about themselves. Change the following statement of someone who might use drugs into a drug-free attitude: "No one likes me. Who cares if I try drugs or not?"

2. Alcohol is a stimulant. True False

3. What is a peer group?____

____

4. To talk assertively with someone to express your own opinion, you should:

   a. begin sentences with "I think" or "I feel" or "I disagree."
   b. look directly at someone as you speak.
   c. use a calm, interesting voice.
   d. All of the above.

5. ____________________________ is an illness in which an individual possesses less and less control over his/her drinking. It affects not only the person, but also his/her family and friends.

6. How does alcoholism affect the entire family of an alcoholic?_________

____

7. Bill's father is kind and thoughtful when he is sober. Lately, this has been very seldom because Bill's father gets very drunk each night and yells at Bill and his mother. Bill's father is an alcoholic.

   Where could Bill's father go for help?_____________________________

   Where could Bill and his mother go for help?_______________________

8. Below are listed three situations that many students your age find "stressful." Beside each situation, give an example of how someone might cope with the stressful situation.

   a. taking a test ____
   b. moving to a new school _______________________________
   c. losing a friend's jacket ______________________________

4: EVALUATION COMPONENT RESPONSES

1. Accept any response that reflects a positive attitude.
2. False, alcohol is a depressant.
3. A group comprised of individuals who are similar based on age, grade, interest, or status.
4. (d)
5. Alcoholism
6. Accept any answers which reflect disharmony in behavior or feelings.
7. a. Alcoholics Anonymous (AA), Mental Health Center, hospital, doctor, etc.
   b. Al-Anon or Alateen, Mental Health Center, hospital, doctor, church
8. Accept any responses which reflect an adaptive behavior or statement.

GOALS AND OBJECTIVES

GRADE 5

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
5: A-1	191	Information	The student will demonstrate the ability to explain the effects of drugs on the systems of the body.	Identify the differences between legal and illegal drug use, prescription and non-prescription drugs, and over-the-counter drugs in order to discuss drug effects.	H/PE - C86 S - C26
5: A-2	196	Information	(same as above)	Explain the factors that influence the effects of drugs on the body.	H/PE - C86 S - C26
5: A-3	198	Information	(same as above)	Explain the effects of tobacco (including smokeless).	H/PE - C86 S - C26
5: B-1	200	Coping	The student will demonstrate the ability to resolve peer conflict.	Identify feelings and behaviors associated with peer pressure.	H/PE - 80 OC - 39; 43; 47
5: B-2	203	Coping	(same as above)	Generate alternatives for resisting peer pressure.	OC - 43
5: B-3	207	Coping	(same as above)	Explore situations in which peer conflict manifests.	H/PE - 79 OC - 43
5: C-1	212	Information	The student will develop a basic understanding of the misuse of drugs.	Recognize the role of "addictions."	S - C26

LEVEL 4-6

GRADE 5

GOALS AND OBJECTIVES

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
5: C-2	215	Information	(same as above)	Identify the differences between appropriate and inappropriate drug use.	H/PE - 79 S - C26
5: C-3	218	Information	(same as above)	Distinguish between use, misuse, and abuse of drugs.	S - C26 OC - C24
5: D-1	221	Coping	The student will develop personal strategies for coping with stress.	Recognize the connection between stress and feelings.	H/PE - 66
5: D-2	225	Coping	(same as above)	Examine the relationship between stress, and feelings.	H/PE - 66
5: D-3	230	Coping	(same as above)	Generate and practice alternative strategies for coping with stress.	H/PE - 66 OC - 52

Goal:

The student will demonstrate the ability to explain the effects of drugs on the systems of the body.

Objective:

Identify the differences between legal and illegal drug use, prescription and non-prescription drugs, and over-the-counter drugs in order to discuss drug effects.

Learning Concept Information

Vocabulary: legal, illegal, prescription, non-prescription, over-the-counter

Academic Focus: Vocabulary development

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Write legal (licit) and illegal (illicit) on the board. Explain that drugs are often described as legal or illegal, depending on how they are used. Licit drug use is legal and sometimes necessary, while illicit drug use takes several forms:

   - Use of legal drug to produce a drugged state (sleeping pills to relieve boredom).
   - Use of a legal drug for a purpose other than that for which it has been prescribed (diet pills, amphetamines to stay awake).
   - Use of a product or substance that is not a drug (glues, gasoline, or aerosols).
   - Use of illegal drugs (e.g. heroin, marijuana, cocaine).

2. Discuss with the students the differences between prescription and non-prescription drugs.

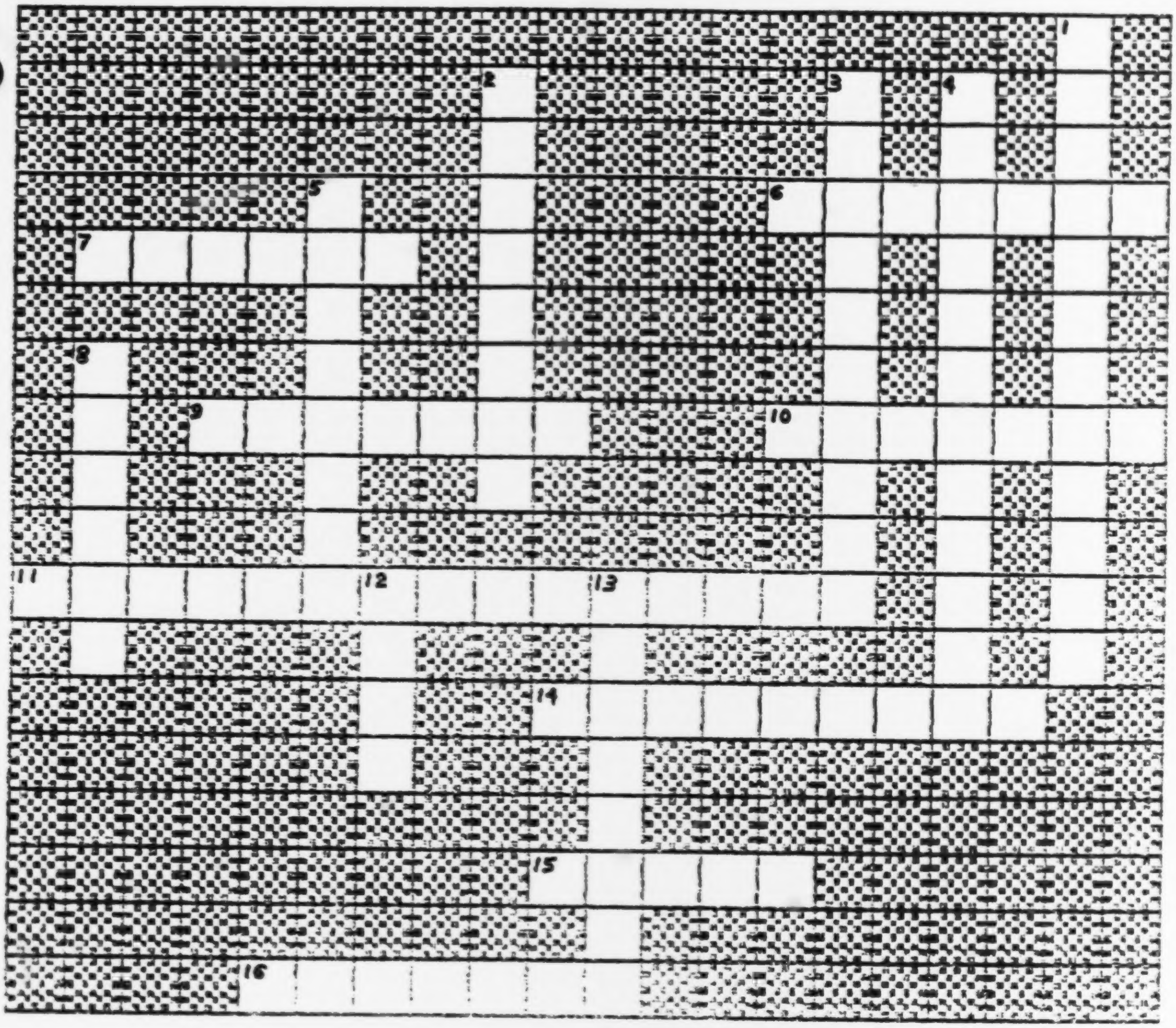
   Teacher Information:
   Medicines can be divided into prescription and non-prescription categories.

RESOURCES:	**ACTIVITY**
	Non-Prescription Drugs: a. There are thousands of non-prescription drugs that most people can use safely to relieve minor symptoms for a short period of time. b. Non-prescription drugs are not intended to cure disease, only to temporarily relieve discomfort. c. When using non-prescription drugs, the consumer must rely on the information on the label and possibly the advice of the pharmacist. d. Information on the label can assist the consumer to choose the appropriate drug for the symptoms, understand conditions under which the drug should not be taken, directions for the correct use, and possible side effects. e. There is always a danger of adverse drug reactions. f. There is always a danger in the practice of self-diagnosis and self-medication. Prescription Drugs: a. Prescription drugs can only be sold by a licensed pharmacist with a doctor's authorization. b. In the United States two billion prescriptions are written each year, representing tens of billions of doses taken. c. RX drugs are generally more powerful than non-prescription drugs and are often used to combat a health problem over a longer period of time. d. Consumers should learn the benefits and risks of the prescribed medication from the doctor or pharmacist: what is the drug supposed to do; possible side effects; correct dosage for physical size and medical history; generic name and costs; directions for use; and interaction problems with other substances.
Pharmacist or other medical/ drug professional from community	3. Invite a pharmacist, doctor, or drug treatment professional to visit the class and discuss drugs that prevent, control, or cure disease. Meet with the guest before the presentation to plan the visit. Also, ask the students to prepare questions in advance. You may wish to create a question box where students can anonymously drop their questions. The discussion could include: a. the difference between prescription and non-prescription drugs; b. positive examples of drug therapy (for example, in controlling high blood pressure or diabetes); c. the benefits and dangers of narcotic drugs; d. the importance of following medical instructions carefully; e. drug interactions.

RESOURCES:	ACTIVITY
Handout: "Drug Mix Up"	4. Distribute the handout following the class discussion or instead of guest. Have students work crossword puzzle at their desks. Review answers.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

DRUG MIX UP



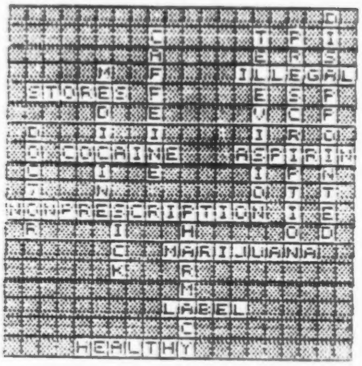
ACROSS CLUES

6. You could be arrested for buying or selling _______ drugs.
7. It is against the law for ______ to sell illegal drugs.
9. A type of illegal drug.
10. _______ is an example of a nonprescription drug.
11. _______ drugs can be purchased legally without a doctor's prescription.
14. _______ is a drug which can only be bought illegally.
15. Always follow the directions on the _______ when taking any medicine.
16. Medicine, when taken correctly, can help a sick person become ______ again.

DOWN CLUES

1. Feeling _______ is not a good reason for taking medicine.
2. _______ is a drug found in some nonprescription medications.
3. Nonprescription drugs are often advertised on _______.
4. You must have a written form from your doctor in order to buy _______ medications.
5. Nonprescription and prescription are two types of ______.
8. Your family _______ can write you a prescription when you you are sick.
12. You should only take medicine when you are _______.
13. Prescription drugs can only be purchased at a ______.

ANSWERS: DRUG MIX UP



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Goal: The student will demonstrate the ability to explain the effects of drugs on the systems of the body.

Objective: Explain the factors that influence the effects of drugs on the body.

Learning Concept Information

Vocabulary: dose, route, set/setting

Academic Focus: Communication skills

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Explain that every drug works in different ways to produce different effects. The effects of a drug depend on a number of factors. Including dose, body factors, route, and set/setting. Thus, a drug affects each person differently and the same drug can also affect the same person differently on two separate occasions. The effects of drugs are unpredictable.

2. Ask the students to brainstorm all the factors that they think will have an effect on how a drug will work. Write their ideas on the board.

3. Explain that how a drug, including alcohol and nicotine, works depends upon the following:
   a. General effects: What does the drug do? What are the side effects, if any?
   b. Dose: How much of a drug is being taken and how strong it is. -- How much of the drug should be taken? How strong is the normal dose? Will the drug weaken over time? Will exposure to heat or light weaken or change the drug's potency?
   c. Body factors: Reactions to a drug may be different depending on what size a person is, how much food is in the stomach, and the amount of tolerance that has developed to a particular drug. -- How will the person's size, height, or weight affect the drug's potency? Will eating or not eating food effect the

RESOURCES:

ACTIVITY

drug's functioning? What foods or other drugs should not be taken while using the drug? Why?

d. Route: How a drug is taken (orally, inhaled, injected) will determine the short and long-term effects on the systems of the body. The effect of drugs injected intraveneously will be felt much more quickly (and sometimes more strongly) than the effect of drugs that are swallowed. -- How is the drug to be taken? Is it a liquid? A tablet? Does it come in other forms? Is this the quickest way for the drug to enter the bloodstream? How quickly does the drug wear off? How does it leave the body?

e. Set/Setting: Someone who tries a drug usually has a number of ideas as to what is going to happen. This is called the set. These ideas are usually based on what the person has heard or read, previous experiences with drugs, and the mood the person is in. The setting or environment in which the drug is taken also affects what happens. -- Will the user's mood, personality, or immediate environment affect the way the drug reacts? How will the drug affect the way the person relates to his/her environment? Should the person drive while using this drug? What does the person expect the drug's effects to be? Has the person used the drug before? Other drugs?

4. Ask each student to choose a drug that they or a member of their family are currently using, or that they would like to learn more about. The drug can be any drug including alcohol, nicotine, or caffeine. To find out more about the effects of a drug the students can read the package insert that comes with the drug, ask a pharmacist or doctor to tell them about the drug's effects, or ask their parents. Have the students write a short report on their findings. They should discuss the drug's general effects, dose, body factors which influence how the drug works, route of the drug, and set/setting influences.

5. Let each student share their information with the class orally on the following day, or students can display their reports and share by reading.

Goal: The student will demonstrate the ability to explain the effects of drugs on the systems of the body.

Objective: Explain the effects of tobacco (including smokeless).

Learning Concept Information

Vocabulary: nicotine

Academic Focus:

RESOURCES:

ACTIVITY

1. Explain that nicotine is the active drug ingredient which is found in tobacco. It is obtained from the tobacco plant and is consumed in such forms as cigarettes, cigars, chewing tobacco and snuff, and pipe tobacco. Nicotine is the habit forming substance in tobacco products. Nicotine stimulates the central nervous system. It increases the heart rate, blood pressure, and respiration. It constricts blood vessels in the extremities, such as hands and feet. The long-term effects of tobacco use can include heart disease, bronchitis, emphysema, and lung cancer.

   NOTE: Most smokers have experienced the symptoms of mild nicotine poisoning the first few times they smoked. Symptoms include dizziness, faintness, rapid pulse, cold clammy skin, and nausea. These effects cease as a tolerance for nicotine develops. Severe nicotine poisoning may cause death from respiratory failure. However, nicotine is not delivered to the smoker in high enough concentrations to have an acute high dosage effect.

   Health Hazards of Nicotine: The use of nicotine may be hazardous to persons with cardiovascular difficulties. The symptoms of high blood pressure may be more pronounced because of the increased heart rate and blood pressure that is elicited by nicotine. The constriction of the blood vessels in the extremities will also

RESOURCES:

ACTIVITY

contribute to high blood pressure and strain on the heart. Smokers are twice as likely to die of a heart attack as are non-smokers of the same age.

2. Discuss the psychological effects of nicotine: The effects of nicotine are greatly determined by the set of the user. That is, how the drug effects the user is already determined by the way the user "thinks" the drug will affect him/her. The setting or environment in which the cigarette is smoked also affects what will happen. Nicotine and smoking in general will offer a solution to every adverse mood: for those fatigued it will be a stimulant; for nervous persons, a tranquilizer; for those dieting, an appetite suppressant; and for people wanting to gain weight, an appetite stimulant.

3. Discuss the following myths about smoking with the class:
   a. "I can always quit later on." -- If you start smoking when you are young and continue to smoke, studies show you will have a harder time quitting.
   b. "Smoking makes me feel grown-up." -- Really? Take a good look at you friends that smoke. Do they look grown-up or just silly? Is it really "cool" or "neat" to do something that is harmful to your health?
   c. "All my friends smoke." -- You have to do what is right for you. Your friends cannot make important decisions for you. Remember: Everyone has the right to choose not to smoke.
   d. "I don't even inhale." -- Maybe. But you probably inhale more smoke than you realize. Besides, nicotine and tar (the cancer producing substance) can be absorbed into the mouth and this is related to cancer of the mouth and lips.
   e. "I smoke cigarettes that are low in tar and nicotine." -- That is a step in the right direction. You still have to put up with side effects like shortness of breath, yellow fingers, and bad breath.

4. Divide the class into pairs. Have one person state a myth about tobacco products. Then ask their partner to explain why the statement is a myth. Change roles.

Adapted from Decisions bout Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol nd Drug Abuse.

Goal: The student will demonstrate the ability to resolve peer conflict.

Objective: Identify feelings and behaviors associated with peer pressure.

Learning Concept Coping

Vocabulary: agreement, consensus, hinder

Academic Focus: Communication skills

RESOURCES:

Handout:
"Reaching
Agreement"

ACTIVITY

1. Distribute the handout "Reaching Agreement." Ask students to complete the handout individually.

2. Divide the class into groups of five. Give each group a blank handout. Ask each group to discuss the lists and, by consensus (general agreement), produce a group list that all students in the group like or dislike. The group receives one point for each consensus they are able to reach (Total = 14 points). Allow 20 minutes. (Write topics for Activity 3 on the board while students complete Activity 2.)

3. Ask each group to gain additional points in reaching agreement by reaching consensus on an experience they have all had. Topics written on board include:
   - A time when parents did not seem to understand
   - A time when school was fun
   - A time they felt hurt by others
   - A time when they felt proud of a friend

   Give three points for each consensus reached on these experiences (Total = 12 points).

4. Determine each groups score by adding points from Activity 2 and 3.

RESOURCES:	**ACTIVITY**
	5. Discuss the activity using the following questions: Why did some groups have higher scores than others? Why were some items more difficult to reach consensus on than others? What behaviors helped the group reach a consensus? Did the fact that you were scoring points help your group or hinder it? What behaviors hindered your progress? Were some students pressured to go along with a position they did not support? Is there a better way to reach a group decision?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 5: B-1

REACHING AGREEMENT

Directions: Fill in the blanks

	ONE THAT I LIKE	ONE THAT I DISLIKE
1. A kind of food		
2. A sport to watch		
3. A sport to participate in		
4. A school subject		
5. A chore at home		
6. A way to spend the weekend		
7. A favorite activity during summer vacation		

Goal: The student will demonstrate the ability to resolve peer conflict.

Objective: Generate alternatives for resisting peer pressure.

Learning Concept Coping

Vocabulary: passive, aggressive, assertive, pressure

Academic Focus: Language Arts

RESOURCES:

ACTIVITY

1. Write on the board: PASSIVE, AGGRESSIVE, ASSERTIVE. Tell students that these words are used to describe four types of behavior that people may exhibit in responding to pressure imposed by others. HOW YOU SAY NO is just as important as WHAT YOU SAY. BEHAVIOR (body posture, eye contact, and voice tone) plus CONTENT (what you actually say) are both equally important when responding to peer pressure. Discuss each type of response and model the behavior and the verbalizations for each.

PASSIVE: a lack of "energy" to speak up for oneself and, thus, going along along with the crowd against personal goals; little, if any, eye contact; looking away when someone talks to you; hesitating, slower-than-usual speech; stammering; meek voice; whine instead of firm reply; hands in pockets or folded across chest; not moving, appearing stiff.

AGGRESSIVE: meanness, outward anger towards another person to point of hurting someone's feelings unnecessarily; loud, angry voice; eyes glare and stare; hands on hips; pointing finger in person's face.

ASSERTIVE: stating firmly, positively, or assuredly without being pushy; hands moving forward and freely while talking; looking directly into the eyes of the person talking to you; smooth, clear, firm voice.

RESOURCES:	ACTIVITY
Handout: "How to Say 'No' and Mean It"	2. Distribute handout "How to Say 'No' and Mean It." Discuss when saying "No" assertively would be important (e.g., disagreement with friend, someone pressuring you to do something you do not want to do). Discuss each of the techniques for saying "No." Ask students to complete the handout. Discuss possible responses.
Handout: "Role-Plays"	3. Distribute handout "Role-Plays." Ask for volunteers to role-play each situation using appropriate assertiveness techniques. Stress importance of ASSERTIVE RESPONSE, BODY POSTURE, EYE CONTACT, and VOICE TONE.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 5: B-2

How to Say NO and Mean It

When people try to get you to do something that you don't really want to do...or they are doing something you don't want THEM to do, you can speak out, refuse, or say NO in many different, gentle ways without hurting their feelings or making them angry. You could:

GIVE AN EXCUSE EXPLAIN YOUR REASONS DELAY ("Not now, thanks")

BE A "BROKEN RECORD" (repeat how you feel about it)

TURN THE PRESSURE BACK ON THEM ("You are making me feel like the center of attention just because I don't want a drink")

CHANGE THE SUBJECT ("No, I can't...hey...listen, do you want to go to the beach tomorrow?")

JOKE ABOUT THEIR PRESSURE ("Hey, any more pressure and I'll fall down!")

Read the situations below and write out as many ways as you can think of to gently speak up for your beliefs or to say "NO".

Your friend wants you to go to the mall but you can't.

Friends at a party are trying to get you to drink alcohol but you don't want to.

You are out to dinner and someone lights up a cigarette. The smoke is drifting over to you and you can't stand the smell.

You're sitting in a circle with friends at a party who are passing around a joint. You don't want any.

NO! NO! NO!
Well, I guess I can
No, Thank you
actually, the reason I can't do that is because I

Role Plays

HANDOUT 5: B-2

It is your first year in middle school. During the lunch period, an eighth grader comes up to you and asks if you'd like to buy some marijuana. You don't want to, but he keeps asking you.

You are babysitting for your younger brother while your mother is at work during the day. She has told you NOT to leave the house. A friend comes by and invites you to go play some video games, which is something you love to do.

You are home alone on a Saturday afternoon. You're sitting outside when a friend comes by. She is smoking and offers you a cigarette but you don't want one, even though you have smoked once or twice before.

Last night you worked for two hours on your math homework. During the first period, one of the most popular students at school asks you if he can copy your math answers. This is the third time this has happened to you and you are sick of it.

You are walking home from school with two friends when you notice about five students picking on someone. Your two friends want to "get in on the action" but when you get nearer to the group, you notice the students are much older and bigger than you.

Goal: The student will demonstrate the ability to resolve peer conflict.

Objective: Explore situations in which peer conflict manifests.

Learning Concept Coping

Vocabulary: conflict, constructive

Academic Focus: Critical thinking

RESOURCES:

ACTIVITY

1. State, "In our last session, we looked at ways to resist negative peer pressure by communicating our feelings assertively instead of aggressively. Only by being direct and honest in HOW and WHAT we say and do can we hope to improve our relationships and, at the same time, stand up for our own beliefs. Today, we will learn constructive ways of handling conflict in friendships."

2. Tell the class, "In most friendships there tends to be some conflict, even if it's only short-lived and unimportant. Why do you think conflict is a normal part of friendship?" Guide the students in concluding that people are bound to have differences of feeling and opinion, no matter how friendly they are. Ask the class to brainstorm typical situations in which friends might become involved in conflicts or arguments with each other. Write them on the board.

   Examples to write on the board:
   - You and your friend are caught in some wrongdoing. You tell the truth, your friend lies, and now your parents want to know what is going on.
   - Your best friend has found a new friend to hang around with. You are feeling hurt and left out.
   - You lend a favorite article of clothing to a friend and he/she returns it weeks later dirty and damaged.
   - You and your friend both want to run for class president.

RESOURCES:

ACTIVITY

- You and your friend want to join an extracurricular activity together. You can't agree on which activity, and the activities the two of you want to be in are scheduled at the same time.
- Your friend likes to come over to your house every day after school. You appreciate the friendship but want more freedom to see other people.
- One of your best friends invites you to sleep overnight, then five minutes later calls you up to cancel. You later find out your friend has asked someone else.
- Both you and your friend have a "crush" on the same person.
- You and your friend have saved your allowances to buy special tennis rackets. When you go to the store together, you find there is only one left.

3. Explain that sometimes people become either angry, defensive, or aggressive when they are involved in conflict. When a conflict is strong, people may yell at each other, accuse each other, call each other names, order and threaten each other, and ignore or misunderstand each other. It's important, therefore, to have a way of getting through the confusion and anger that can surround a conflict and solve the problem in a way that will be satisfying to both sides.

Handout:
"Resolving Peer Conflict"

4. Distribute the handout "Resolving Peer Conflict." Tell students that the Five-step Problem-solving method offers a way to work through problems effectively and strengthen friendships in the process by getting answers to the following questions:

STEP ONE:	What is the problem?
STEP TWO:	What questions need to be asked to clarify the problem?
STEP THREE:	What are all the possible ways of solving the problem?
STEP FOUR:	Which alternatives best solve the problem?
STEP FIVE:	Which solution allows both sides to "win"?

5. Tell students to read the conflict situation on the bottom of the handout. Using the following Five-step conflict resolution process, illustrate through discussion how Joan and Amy could proceed to resolve their conflict:

RESOURCES:

ACTIVITY

Step One: What is the problem?

Joan explains that in her mind they already had a plan to spend the weekend together, and she's very annoyed because she expected to see Amy by now. It's late afternoon and the day is almost gone.

Step Two: What questions need to be asked to clarify the problem?

Joan says that she's feeling upset that Amy forgot their plan. She asks Amy, "Was it really that important to you in the first place?" Amy points out that she did call Joan, after all--she's sorry, but she just forgot. "But do friends do things like that?" Joan complains. To herself she's thinking, "Is Amy really my friend or is she some kind of phony?"

Step Three: What are all the possible ways of solving the conflict?

Joan says that maybe they should just forget about it. Amy says that they should go ahead with the plan anyway and see a late movie instead. Joan is still feeling angry and hurt, however. Maybe, she says, they should just get together tomorrow--"if you feel like it." Amy is beginning to realize how truly hurt Joan is. It would have been better, of course, if Joan could have just given Amy an "I feel" statement instead of beating around the bush. Joan could have said, "When you forget our plans, I feel hurt because I have set aside a day to be with you. I need to know that you care about being with me too."

Step Four: Which alternatives best solve the problem?

Amy says that she's really sorry she forgot but that they shouldn't let it ruin the weekend. Joan is still just as important to her as a friend as she ever was. Not to go ahead with their plan, Amy says, would leave both of them feeling bad about their friendship, and she doesn't want that. She suggests that Joan join her for a later show.

RESOURCES:

ACTIVITY

Step Five: Which solution allows both sides to "win"?

Joan realizes that Amy is sincere. "You sure can be a flake sometimes," she tells Amy. But already she's not feeling so upset any more, and she realizes that...well, Amy isn't perfect, but she's a great friend anyway.

4. Discuss the students reactions to the resolution of conflict depicted. Ask: At what point did the two girls seem willing to solve the problem together? What began to happen? How was an acceptable solution reached? What did both girls have to do to make a solution possible? In what way have both girls "won" something important to them by following this method?

5. Ask students to divide into pairs. Choose one of the conflicts written on the board (If preferred, these may be written beforehand and duplicated). The same conflict may be chosen by more than one pair. One person in each pair represents one side of the conflict, and the other represents the other side. Allow about ten minutes for the pairs to work through the Five-step Problem-solving method step by step.

6. When pairs have finished their task, share the results in the large group. Stress the wide variety of ways a single conflict can be resolved.

7. Discuss:
   - What do you think the benefits of using this conflict resolution process could be in your own life?
   - For what reasons is it so important to state the problem clearly? To ask questions?
   - What is helpful about coming up with as many solutions as possible in the third step?
   - How do both parties "win" to some extent when this method is used?
   - What are some conflicts that you might be able to solve now?

This material comes from Skills for Adolescence, a sixth- through eighth-grade, full-semester curriculum helping students and families to develop skills for critical thinking, decision making, goal-setting, communications and a healthy, drug-free lifestyle. For more information, contact The Quest National Center, 6655 Sharon Woods Blvd., Columbus, Ohio 43229, 614/882-6400.

RESOLVING PEER CONFLICT

STEP ONE:	What is the problem?
STEP TWO:	What questions need to be asked to clarify the problem?
STEP THREE:	What are all the possible ways of solving the problem?
STEP FOUR:	Which alternatives best solve the problem?
STEP FIVE:	Which solution allows both sides to "win"?

CONFLICT SITUATION:

Amy and Joan had planned to get together over the weekend to go to a movie. On Saturday morning Amy was supposed to come over to Joan´s house. Joan has finished cleaning her room and doing her chores, and it´s late afternoon--but still no Amy. Then the phone rings, and Joan hears Amy´s voice say, "Hey, Joanie, what´s up? Wanna get together today?" Joan´s first impulse is to hang up the phone without saying another word--she´s that angry.

Goal: The student will develop a basic understanding of the misuse of drugs.

Objective: Recognize the role of "addictions."

Learning Concept Information

Vocabulary: addiction

Academic Focus: Categorization

RESOURCES:

Handout:
"Enough, Too Much, Not Enough"

Chalkboard
Chalk

ACTIVITY

1. Tell students they will do an activity which helps them recognize their own limits and "addictions." Explain that all of us know how it feels to be too full or overextended. We also know when we feel somewhat deprived, and when we feel satisfied. Our bodies tell us what is best for us but often we don't listen. It is important to include that most of us have favorite foods that we eat or drink in excess. We also have habitual behaviors which may not be healthful. We have innocent addictions. We do not often take inventory of these because we behave frequently without thinking. Distribute the handout, "Enough, Too Much, Not Enough."

2. Tell students that this activity will take inventory and help us feel more in control of our behaviors.

3. Draw a grid on the board similar to the one on the handout. Ask the students for some of the behaviors that they engage in that could be classified as enough, not enough, or too much. Some examples: T.V. per day or week, exercise per day or week, favorite soda, favorite snack, time spent with friends, time spent alone, time studying, time with family. Write the behaviors in the "item" column on the board grid to demonstrate.

RESOURCES:

ACTIVITY

4. Ask students to list them on their handouts as they are introduced. The following definitions will be helpful in explaining this activity:
   Enough = just the right amount, without feeling "too full" or deprived. Satisfied.
   Too much = over extended your limit, as in food when you feel "too full".
   Not enough = a feeling of deprivation, wanting more as though you did not get enough.
   Comments = when the item does not fit into a category, it can be explained in comments.

   Example: "How many of you watch T.V. every day? Write T.V. under the item column. How much is enough T.V. for you to watch a day? Enter that number (in hours or minutes) under the enough column. How much is too much T.V. for you a day? Do you ever feel like a zombie, or get bored when you watch too much T.V.? Enter that number under the too much column. If you don't watch a certain amount of T.V. a day, do you feel deprived? Maybe some of you have a favorite show and feel lacking if you don't watch it. Enter that number under the not enough column. If you have no quota for T.V. watching, you may want to mention that in the comments column."

5. Go through the examples shown on the above grid, one by one. For behaviors such as spending time with friends, some students may not have a "too much" quota. Ask those students who do, to explain how they feel when they have spent too much time with friends. Other item examples are: desserts, candy bars, favorite food, compliments needed (or words of encouragement), tea, etc. Ask students to make suggestions of items to add to the list.
6. Discussion/sample questions:
   - What did you learn about yourself?
   - What are you proud of after looking at your grid?
   - Is there anything you would change?

7. Remind students that each of these items are things we have control over -- we control what we put in our mouths, what we say, and how we spend our time. Ask students to look at their grids, choose one thing they would like to change, and write about why, how and by when they will try to change it.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 5: C-1

enough Too Much not enough

Write the behavior in the item column and how much of that behavior is enough, too much, not enough:

ITEM	ENOUGH	TOO MUCH	NOT ENOUGH	COMMENTS

What is the one thing you'd like to change?

Why?

How?

By When?

Goal: The student will develop a basic understanding of the misuse of drugs.

Objective: Identify the differences between appropriate and inappropriate drug use.

Learning Concept Information

Vocabulary: appropriate, inappropriate

Academic Focus: Critical thinking

RESOURCES:

Handout: "Appropriate Use"

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ACTIVITY

1. Ask the students to tell the meaning of "appropriate" (correct, suitable, compatible with other factors, proper).
2. Explain the following scenario to the students: Ms. Smith recently visited a doctor because she was experiencing back pain. The doctor prescribed pain pills. She found that the pills relaxed her. Last night, Ms. Smith's children were arguing loudly, the washing machine had broken, and Mr. Smith had called to say that he would not be returning from his out-of-town trip until late Saturday. She decided to take one of the pills.
3. Ask the students to decide whether the use of the pills was appropriate or inappropriate. Students will probably decide that the use was inappropriate. If not, encourage students to think about the original purpose of the pills and determine if they were now being used for that purpose. Ask the students to determine what possible harm might come to Ms. Smith as a result of the misuse of the pills? She could begin to rely on the pills to make her relax.
4. Distribute the handout, "Appropriate Use." Ask the students to read the situations and decide if the use is appropriate or inappropriate. If they determine the use is inappropriate, ask them to write what drug or household product is being inappropriately used, in what way, and what possible harm could result.

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RESOURCES:

ACTIVITY

5. Discuss the students' responses.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 5: C-2

Appropriate use

Directions: Read each story. Decide whether the use of the drug or household product is appropriate or inappropriate. If you decide the use is inappropriate, answer the following questions:

1. What product is being used inappropriately?
2. How is the product being misused?
3. What possible harm might result?

A. Andy really likes the taste of mint-flavored antacid tablets. He frequently eats them even if he does not have an upset stomach.

Is the use appropriate or inappropriate?

If inappropriate, 1.
2.
3.

B. Several people are about to leave a party. Although the driver of the car had not finished his drink, he threw the rest away before getting in the car.

Appropriate or inappropriate?

If inappropriate, 1.
2.
3.

C. Angie's friends offer to share their cigarettes with her. She decides to give it a try.

Appropriate or inappropriate?

If inappropriate, 1.
2.
3.

D. Susan was unhappy because her friend, Sally, had not invited her to a party that she was giving. Susan decided to make herself feel better by eating a huge chocolate sundae. It tasted so good, she ate two.

Appropriate or inappropriate?

If inappropriate, 1.
2.
3.

Goal: The student will develop a basic understanding of the misuse of drugs.

Objective: Distinguish between use, misuse, and abuse of drugs.

Learning Concept Information

Vocabulary: continuum, potential, opinion

Academic Focus: Ranking

RESOURCES:

ACTIVITY

1. Explain the concept of drug use, misuse and abuse, being sure to highlight the following points. There is a relationship between the risk of harm and drug use. As the risk of harm becomes greater, the use of the drug is more likely to become a misuse and eventually abuse. Harm may be physical, psychological, and/or social. The use of drugs is on a continuum related to the potential for harm -- the definitions of use, misuse, and abuse are not clear cut.

   Drug Use is the use of a drug in a way that presents little risk to the user or society.
   Drug Misuse is the use of a drug in a way that increases the potential for harm to the user or society.
   Drug Abuse is the use of a drug in a way that the potential for harm to the user or society is likely.

2. Remind the students that many behaviors can be described on a continuum. Some people feel 2 hours of T.V. a day is too much; others think it is too little. For some, one cookie is sufficient; for others several cookies are desired. For some people, one beer may be misuse; for others it may be use.

RESOURCES:

ACTIVITY

3. Write the following continuum on the board:

USE____ABUSE
1   2   3   4   5   6   7

Explain to the students that a situation involving drug use could be placed on this continuum. Several people might place it at different points. Present the following example: Ann, a tenth grader, drinks a beer or two on Saturday night when she is with her boyfriend, Joe.

4. Ask several students to determine where on the continuum they would put Ann's use of alcohol. What number on the scale represents where you feel Ann's use of alcohol lies? Ask students who responded to justify their choices. Some students might suggest that since she is underage, her use is abuse and should be a 7 on the continuum. Others might say that since she drinks moderately, her use would be a 1 or 2. Depending on what issues they bring up, ask the students if their rating would change if:

    - Ann was old enough to drink legally
    - Ann had a previous history of alcohol dependence
    - Her parents gave their permission
    - She drank 4 or 5 beers.

5. Emphasize that putting drug use on a continuum is based on opinion as well as fact. Values are a major determinant along with facts such as previous history of drug problems. What is "use" according to one person may be "abuse" according to another. This concept is difficult to use with a population that has strong denial (e.g. current abusers). They tend to disregard strong evidence of potential problems.

6. Present several other examples following the same procedure.

Katherine, a young divorced mother of three, works in an office from 8 to 5. She must cook dinner, help her children with homework, and bathe her youngest child each evening. When her children go to bed, she is usually exhausted. To pick herself up, she regularly takes pills prescribed by her doctor for occasional use only.

RESOURCES:

ACTIVITY

Joey, a ninth grader, has always been a good student. Lately, however, he has begun to smoke marijuana almost every day. He has missed several homework assignments and his grades are falling.

Bob is fifty eight years old and nearing retirement. He has worked hard all his life and is anxious to relax. Sometimes, on Saturdays, he has several drinks and thinks happily about how nice retirement will be.

Tom, an accomplished architect, occasionally attends parties at his friend, Cynthia's, home. People there usually have cocaine and once in a while Tom joins them.

7. Ask questions about how students determined where they thought each example of drug use would lie.
   - Did you decide on the amount of drug used?
   - What about setting?
   - Did previous experiences with drugs influence your opinion?
   - What about the age of the user? Does that affect whether you define a particular example as use, misuse, or abuse?

8. Ask students to generate examples of drug use that could be put on a continuum.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

Goal: The student will develop personal strategies for coping with stress.

Objective: Recognize the connection between stress and feelings.

Learning Concept Coping

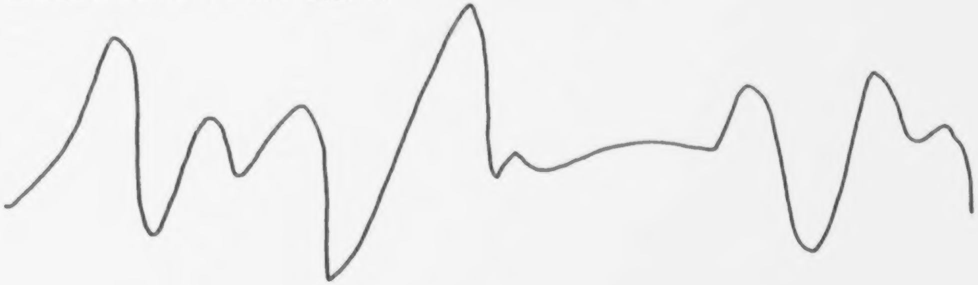
Vocabulary: connection

Academic Focus: Language Development

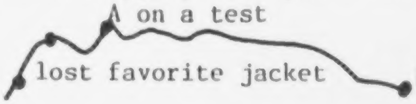
RESOURCES:

ACTIVITY

1. Introduce the concept of "Peaks and Valleys" by drawing the following illustration on the board:



2. Tell students that we all experience times when we feel "up" or at the peak and when we feel "down" or in a valley. Ask for examples of both and write the example in the appropriate place on the drawing of peaks and valleys. (e.g.



364

365

RESOURCES:

Handout:
"Peaks and Valleys"

Handout:
"Changing the Stress Connection"

ACTIVITY

3. Distribute the handout "Peaks and Valleys." Ask students to think about recent situations in their life where they experienced "peaks" and "valleys." Label on the handout. Then write a feeling word associated with each situation beside the situation. (e.g., [written in a "valley"] got lost, scared)

4. State, "Different situations lead to feelings which affect our mind and body. Stressful situations can lead to stressful feelings. We'll call this the "Stress Connection." Tell students that we can often change "valleys" into "peaks" by choosing a positive action. For example:

   Situation: Your best friend moves away.

   Valley: I feel so lonely and sad. I'll never have another friend.

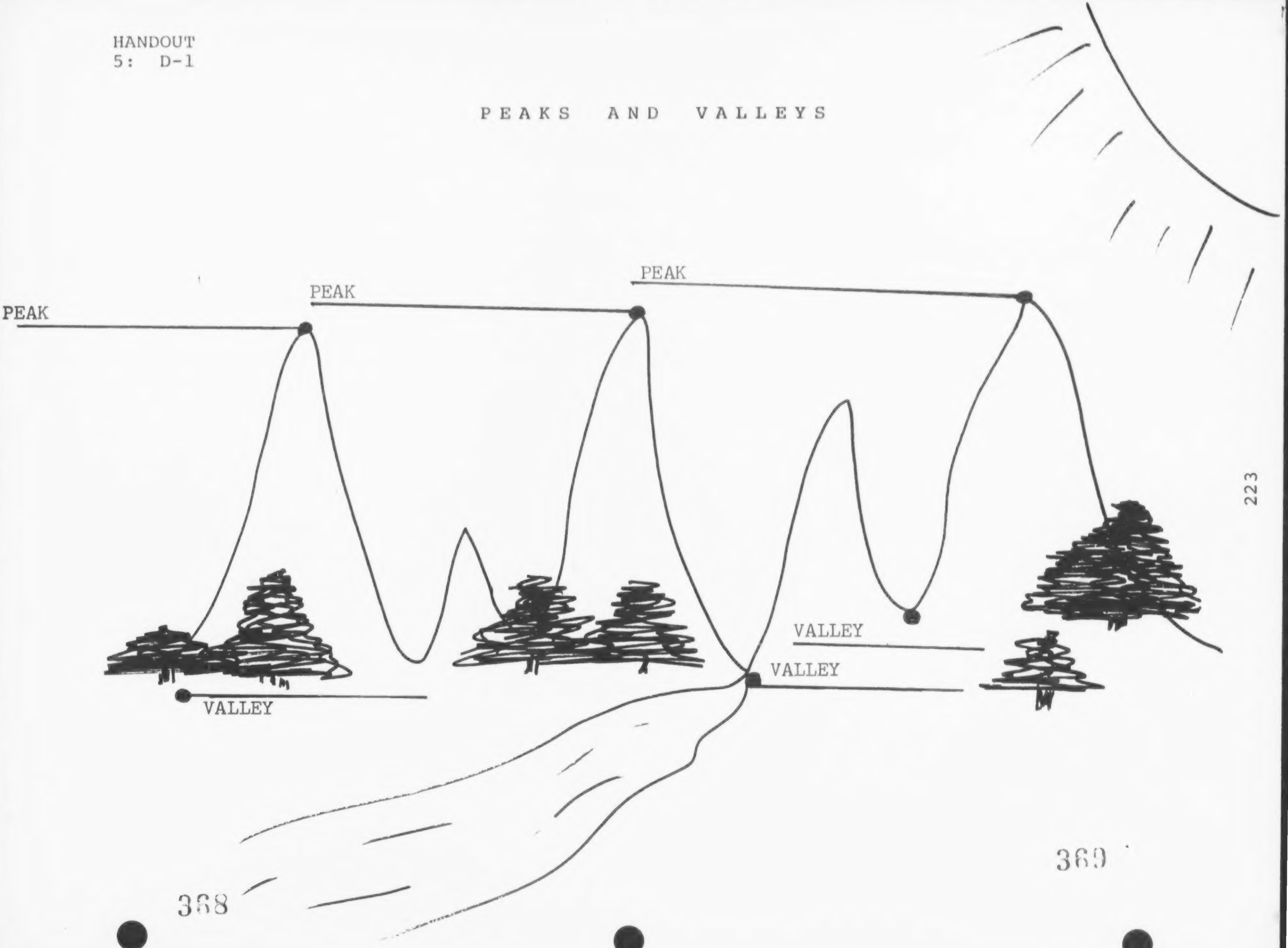
   Change to Peak: I miss my friend but I'll make new friends. I think I'll ask the new student to sit by me at lunch.

5. Distribute the handout "Changing the Stress Connection." Divide the class into pairs. Tell each person to write a "Valley" response/feeling to each situation. Exchange papers with your partner. Change the "Stress Connection" by turning each "Valley" response into a "Peak" response. Share with the class when completed.

6. Discuss:
   - How can you change situations that look like "valleys" at first into "peaks"?
   - When is this most difficult?
   - Why is it important?
   - What have you learned which can help you manage the "Stress Connection" in your life?

HANDOUT
5: D-1

PEAKS AND VALLEYS


PEAK
PEAK
PEAK
PEAK
VALLEY
VALLEY
VALLEY

HANDOUT
5: D-1

CHANGING THE STRESS CONNECTION

VALLEY	SITUATION	PEAK
	1. A friend asks you to sneak some of your parents "booze" to a party.	
	2. You fail a test.	
	3. Someone makes fun of your new haircut.	
	4. You get grounded.	
	5. You are offered a cigarette by your friend´s older cousin.	
	6. Your parents argue about money.	

Goal: The student will develop personal strategies for coping with stress.

Objective: Examine the relationship between stress and feelings.

Learning Concept Coping

Vocabulary: coping, strategy, stress, alternatives

Academic Focus: Problem-solving

RESOURCES:

Handout:
"Positive
Alternatives"

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ACTIVITY

1. Tell students that we frequently are faced with problems or must deal with feelings. We can react in a negative way. We can react in a positive way. Explain that negative reactions may include pouting, throwing things, speaking unkindly to others, blaming, or ignoring the problem. Explain that positive reactions may include talking quietly with someone, planning ways to solve the problem, spending time alone until you are calmer, and finding a hobby to occupy your time.

2. Distribute the handout, "Positive Alternatives." Ask students to complete the handout individually by writing positive ways to react to each situation. Allow 15 minutes to complete.

3. Divide students into groups of five. Ask each group to share their individual ideas, then select the three best-liked alternatives for each problem.

4. Discuss the activity using the following questions:
   - What types of alternatives did members of your group suggest?
   - Are some of your suggestions things you can do alone?
   - Do some of your suggestions involve other people?
   - Did you learn some new ideas by talking with others?

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RESOURCES:

ACTIVITY

5. Tell students that all people experience stress at certain times. Stress may be caused by a variety of situations.
   - A new job
   - Moving to a different place
   - The death of a relative
   - Difficulties with school

   Explain that even positive, enjoyable activities may cause stress.
   - A new baby in the family
   - Joining a new club
   - Getting a new pet

6. Tell students that there are usually symptoms or signs that your body gives to tell you that you are under stress.
   - You may be more tired than usual.
   - You may have frequent headaches.
   - You may yell at others when you would normally be calm.
   - You may have difficulty making even simple decisions.

   Ask students to suggest times when they have felt stressed. Write several of these suggestions on the board.

7. Ask students to remember signals or symptoms that indicated that they were experiencing stress. Write these on the board in a separate column. Encourage students to generate mental and emotional symptoms as well as physical symptoms.

8. Explain that dealing with stress successfully means taking good care of your body, mind, and feelings. Some ways of coping with stress include:
   - Taking deep breaths, exercising, getting adequate sleep, eating healthful foods.
   - Developing hobbies, asking questions when you are unsure of what to do, resting your mind through leisure reading.
   - Keeping in touch with friends, talking things over with parents or brothers or sisters.

Handout:
"Less Stress"

9. Distribute the handout, "Less Stress."

RESOURCES:	**ACTIVITY**
	10. Tell students to complete the handout individually. Discuss as a class. Ask students to share their ideas for ways to reduce stress.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT 5: D-2

Positive Alternatives

Directions: For each situation below, write two or three positive ways to react, or ways to solve the problem.

1. Someone is always picking on you at school.

2. You are new in the neighborhood and want to make friends.

3. You feel that your parents frequently treat you unfairly.

4. You want to make school more fun.

HANDOUT 5: D-2

Less Stress

Feeling stressed means feeling tense or frustrated. Complete the following sentences to tell about a time when you felt stress.

I remember feeling stressed when ______________________________

____.

My body gave me signs of stress. They were ____________________

____.

I know that my mind felt stressed because _____________________

____.

Being stressed also affected my feelings. I felt _______________

____.

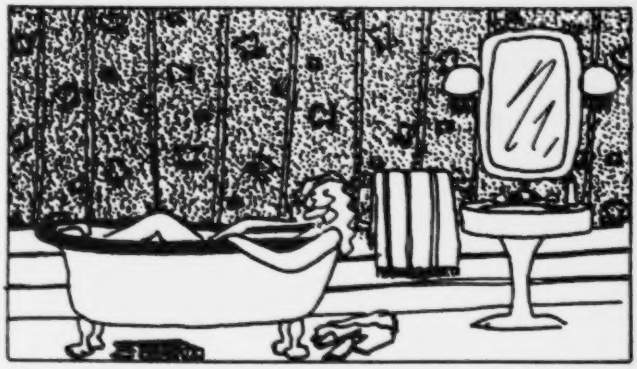
Dealing with stress means taking good care of your body, mind, and feelings.

How did you deal with your stress? (Write three things you did.)

1. ______________________________

2. ______________________________

3. ______________________________



Goal: The student will develop personal strategies for coping with stress.

Objective: Generate and practice alternative strategies for coping with stress.

Learning Concept Coping

Vocabulary: communicate, positive, negative, passive, aggressive, assertive

Academic Focus: Language Development

RESOURCES:

ACTIVITY

1. Explain to the class, "In a previous activity we learned to think about our communication with others so that we can let people know how we truly feel about things without hurting their feelings or putting them on the defensive. (Review the terms ASSERTIVE, AGGRESSIVE, PASSIVE [Activity: 5: B-2]). Today we are going to practice ways to communicate openly, honestly, and directly with our friends so that we can stand up for ourselves and maintain our friendships at the same time." Remind students that the need to belong to a group is important to both adolescents and to adults, but especially to adolescents. Given the importance of groups to adolescents, it is essential to be able to distinguish between peer support and peer pressure.

2. "Let's review. How would you define peer pressure?" Guide the class in a discussion of the term. One definition might be "strong influences from people within a group to make the group members do something." Then ask, "What are the benefits and the dangers of peer pressure? What do you think is the difference between positive and negative peer pressure? Between peer pressure and peer support?" Guide the class in defining these two concepts. Peer pressure tends to be negative and lead to negative actions and behaviors; peer support tends to be positive and nurturing.

RESOURCES:

ACTIVITY

3. Ask, "What are some reasons why it might be important to resist peer pressure?" Guide the students in understanding that often peer pressure forces people to say and do things they might not otherwise want to say or do. Explain that one of the best ways to resist negative peer pressure is to learn to be "assertive." In order to understand assertiveness, it is important to distinguish it from other qualities that are similar--mainly aggressiveness. Define the two concepts as follows:

   Assertiveness: An assertive person stands up for his/her own rights and beliefs without stepping on the rights of others. The assertive person does not feel defensive or uncomfortable with others because assertiveness goes hand in hand with self-confidence. An assertive person states her/his feelings and attitudes without blaming others and takes full responsibilty for her/his choices and their consequences. The "I Feel" statement is an assertive communication skill. For example, "When you repeat my secrets, I feel upset because I need to trust you."

   Aggressiveness: The aggressive person stands up for himself/herself but steps on the rights of others in the process. The aggressive person may use put-downs and even physical violence to get a point across. She/he may seem tough or cool on the surface, but, unlike the assertive person, she/he may not actually feel so confident underneath. The aggressive person is often viewed by others as having an angry, steamroller effect; others may feel flattened out after meeting or being around an aggressive person. For example, an aggressive person might say, "You are totally untrustworthy and selfish, and you make me sick!"

4. Emphasize the difference between assertive behavior (the communicator shares her/his feelings without blaming others) and aggressive behavior (the communicator bullies and belittles others).

Teacher Aid:
"Assertive/Aggressiv
Role-Play Situations
(Copy and cut into
strips before class)

5. Ask for volunteers to select one situation and role-play what an assertive or an aggressive person would say and do. Let another student role-play the same situation with the opposite response. Discuss the following after each role-play: "What did the assertive person say and do? The aggressive person?"

RESOURCES:

ACTIVITY

6. Conclude by discussing, "What is the hardest part of resisting peer pressure? How can assertive behavior help us to express ourselves, meet our own needs, and do what is best for us in group situations?"

This material comes from Skills for Adolescence, a sixth- through eigth-grade, full-semester curriculum helping students and families to develop skills for critical thinking, decision-making, goal-setting, communications and a healthy, drug-free lifestyle. For more information, contact The Quest National Center, 6655 Sharon Woods Blvd., Columbus, Ohio 43229, 614/882-6400.

ASSERTIVE/AGGRESSIVE ROLE-PLAY SITUATIONS

1. Some friends of yours are going to a neighbor's house after school to smoke pot. You totally disagree with their drug use. What will you say and do?

2. Some friends want you to sneak out Friday night after curfew hour that you and your parents have agreed on. Your parents trust you, and you don't want to spoil it. What will you say and do?

3. Your group of friends is ganging up on a person who supposedly started some rumors. You're quite sure this person is innocent. What will you say and do?

4. Several of your friends are starting to wear clothes and hairstyles that make you feel uncomfortable. What will you say and do?

5. Several of your friends want to throw firecrackers at the home of another kid they don't like. You think it's a lousy idea. What will you say and do?

6. Several friends are shoplifting while you're in the store with them. You're opposed to stealing. What will you say and do?

5: EVALUATION COMPONENT

1. Which is not an example of illicit drug use?

   a. use of sleeping pills to relieve boredom
   b. use of cocaine
   c. use of codeine after an operation to relieve pain
   d. use of glue as an inhalant

2. ______________________________ is an example of an over-the-counter drug.

3. How a drug, including alcohol and nicotine, works in the body depends upon:

   a. the person's size, height, or weight.
   b. how much the person takes.
   c. how the drug was taken.
   d. all of the above.

4. What is nicotine and where can it be found?__________________________

   ____

5. "Smoking calms me down" is an example of:

   a. health hazard of nicotine.
   b. a myth about smoking.
   c. psychological effect of nicotine.
   d. both b and c.

6. "Oh, you're such a baby! Come on and try just one drink. It won't hurt you."
   Give an example of an assetive response to such peer pressure.______

   ____

   ____

7. Carol was mad at her mother for not letting her go shopping with her older sister. She decided to sneak some of her father's cigarettes and smoke them.

   Carol's behavior was: ________appropriate _______inappropriate

   Why?____

   ____.

8. All people experience stress at certain times. Name three possible signs that your body gives to tell you that you are under stress.

9. Give an example of a stressful situation you recently experienced and tell how you coped with the stress.

5: EVALUATION COMPONENT RESPONSES

1. (c) Under the care of a physician, codeine is used to alleviate pain.
2. Accept any response of a drug not requiring a prescription such as aspirin, Bayer, etc.
3. (d)
4. Nicotine is the active ingredient found in tobacco. It can be found in all tobacco products including cigarettes, cigars, chewing tobacco, snuff, and pipe tobacco.
5. (d)
6. Accept any response that is firm, positive, and says "No."
7. Inappropriate. Accept any response that identifies drug misuse.
8. e.g. more tired than usual, headache, stomach in knots, yelling at people, difficult to make decisions, unable to go to sleep, not wanting to be with friends.
9. Accept any responses that clearly illustrate an adaptive coping strategy.

GOALS AND OBJECTIVES

GRADE 6

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
6: A-1	239	Information	The student will demonstrate the ability to distinguish among the classifications of drugs.	Name the classifications of drugs.	H/PE - C99
6: A-2	244	Information	(same as above)	Explain the use for each drug classification.	H/PE - C99
6: A-3	249	Information	(same as above)	Describe bodily changes associated with each classification of drug.	H/PE - C99; C86
6: B-1	252	Coping	The student will develop a basic understanding of the decision-making process.	Identify the steps in the decision-making process.	H/PE - 79
6: B-2	259	Coping	(same as above)	Generate alternatives and evaluate the risk factor of each alternative.	H/PE - 79
6: B-3	262	Coping	(same as above)	Discuss consequences of selected courses of action.	H/PE - 79
6: C-1	266	Information	The student will demonstrate the ability to identify the consequences of drug misuse.	Identify the physical consequences of drug use, misuse, and abuse.	H/PE - C100 S - C26
6: C-2	269	Information	(same as above)	Identify the emotional consequences of drug use, misuse, and abuse.	H/PE - C100 S - C26

LEVEL 4-6

GOALS AND OBJECTIVES

GRADE 6

ACTIVITY NUMBER	PAGE NUMBER	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
6: C-3	270	Information	(same as above)	Identify the legal consequences of drug use, misuse, and abuse.	H/PE - C100
6: D-1	271	Coping	The student will demonstrate knowledge of factors influencing the decision-making process.	Identify the influences on decision-making.	H/PE - 79
6: D-2	275	Coping	(same as above)	Examine the influences of peer, legal, societal, family, and personal factors on decision-making.	H/PE - 79
6: D-3	278	Coping	The student will demonstrate knowledge of factors influencing the decision-making process.	Examine the influences of media on decision-making.	H/PE - 79 R - C102

Goal: The student will demonstrate the ability to distinguish among the classifications of drugs.

Objective: Name the classifications of drugs.

Learning Concept Information

Vocabulary: stimulant, depressant, narcotic, cannabis, hallucinogen, inhalant

Academic Focus: Classification

RESOURCES:

Chalkboard
Chalk

ACTIVITY

1. Define drug as any substance that, when taken, changes the functioning of the mind or body.

2. Discuss the fact that drugs can be categorized in many ways: One way of categorizing drugs is by types:
   a. controlled substances (e.g. heroin, marijuana)
   b. unrecognized drugs (e.g. alcohol, nicotine, caffeine)
   c. over-the-counter medicines
   d. prescription drugs.

3. Drugs are also placed in categories by their effects on the body. Drugs are classified in this manner. Write the following classifications on the board and explain the effects of each (See Appendix A, pages 9-35):
   a. stimulants - increase activity of the central nervous system
   b. depressants - slow down the central nervous system
   c. narcotics - relieve pain; produce sleep and/or stupor
   d. cannabis (marijuana) - THC can resemble a stimulant
   e. hallucinogens - mind altering drugs; affect perceptions, awareness, and emotions
   f. inhalants - suppress the central nervous system.

RESOURCES:	ACTIVITY
Teacher Information: Psychoactive Drug Chart	4. Ask students to generate examples of each. If students can name a drug, but do not know how to classify it, talk about its properties and effect to help students identify the proper classification (see the Psychoactive Drug Chart, page). Let the students write the names of drugs under the correct classifications.
Handout: "Drug Word Search"	5. Explain that new terms have been introduced in this unit that may be confusing. To help students become more familiar with these words, have them work the word search. Distribute the "Drug Word Search" and have students circle the drug terms found among the letters (25 words). The words are distributed vertically and horizontally only. A teacher's key is included.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

TEACHER AID
6: A-1

Psychoactive DRUG CHART

	drugs	medical uses	medical names	slang names	possible effects	effects of overdose	long term possible effects	legal use
Stimulants	nicotine	none	nicotine	none	respiratory difficulties fatigue high blood pressure	none	dependency; lung cancer; heart attack; respiratory difficulties	over 18 years of age
	caffeine	hyperkinesis stimulant	caffeine	none	increased alertness pulse rate & blood pressure excitation; insomnia; loss of appetite	irritability	dependency; may aggravate organic actions	not restricted over-the-counter
	amphetamines	hyperkinesis narcolepsy weight control mental disorders	dexadrine benzadrine	speed; bennies; dexies; pep pills		agitation; increase in body temp; hallucinations; convulsions; possible death	severe withdrawal; possible convulsions; toxic psychosis	with prescription
	cocaine	local anesthetic	cocaine	coke; snow; flake			dependency; depression; paranoia; convulsions	only administered by physician
Depressants	alcohol	none	ethyl alcohol	booze	loss of coordination; sluggishness; slurred speech; disorientation; depression	total loss of coordination; nausea; unconsciousness; possible death	dependency; toxic psychosis; neurologic damage	In Florida; over 19 years of age (state age limits vary)
	sedatives	anesthetic sedative hypnotic anti-convulsant	methaqualone secobarbital phenobarbital seconal	quaaludes; ludes; barbs; reds; downers; sopors		cold & clammy skin; dilated pupils; shallow respiration; weak/rapid pulse; coma; possible death	dependency; severe withdrawal possible convulsions; toxic psychosis	*Methaqualone illegal
	tranquilizers	anti-anxiety sedative hypnotic	valium miltown librium	downers				
Narcotics	opium	analgesic antidiarrheal	paragoric	none	euphoria; drowsiness; respiratory depression constricted pupils; sleep; nausea	clammy skin; slow & shallow breathing convulsions; coma; possible death	dependency; constipation; loss of appetite; severe withdrawal	with prescription
	morphine	analgesic antitussive	morphine pectoral syrup	none				with prescription
	heroin	research	diacetylmorphine	horse; smack				medical research only
	codeine	analgesic antitussive	codeine empirin compound (w/codeine) robitussin A-C	none				with prescription
Cannabis	THC	research	tetrahydrocannabinol	THC	relaxed inhibitions; euphoria; increased appetite; distorted perceptions; disoriented behavior	fatigue possible psychosis	"amotivational syndrome" respiratory difficulties; lung cancer; interference w/physical emotional developments; other possible effects being explored	medical research only
	hashish	none	tetrahydrocannabinol	hash				none
	marijuana	research	tetrahydrocannabinol	pot; grass; sinsemilla				medical research
Hallucinogens	PCP	veterinary anesthetic	phencyclidine	angel dust; peace pill hog	illusions; hallucinations; distorted perceptions of time and space	longer & more intense "trips" or episodes; convulsions; psychosis; possible death	may intensify existing psychosis; flashbacks; panic reactions	none
	LSD	research	lysergic acid diethylamide	acid; sugar				medical research only
	organics	none	mescaline psilocybin	mesc; mushrooms				medical research only
Inhalants	aerosols & solvents	none	none	glue	exhilliration; confusion; poor concentration	heart failure; unconsciousness; possible death	impaired perception; coordination/judgement; neurologic damage	not for inhalation

HANDOUT
6: A-1

DRUG WORD SEARCH

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H I O A I W I J R J N U P A N N O B C K L H X P S
D E P E N D E N C E Z K S D K J T I I P A N H C O
V M Z B F J T F M G S I Y Y J N R N P P F I N X Q
M I O D I N F Z G O Y G C D G I D T W Q E C Y T K
S S O E Q W P Y N L B H H H Z U N E Z N N O Q L X
L U C P T D R U G M K H O K D Z R R B A T T L E M
C S A R X V E I X B E W A W B Y Q A T R S I A A Q
I E G E V X S P I L L I C I T B A C H C X N E M D
Z H U S S B C N W Y D C T L E C D T G O J E C N D
D X V S D L R M Z X K I I B W N U I T T A B U S E
E J X A V A I H D R R B V D H O H O Z I C C B I Q
K O H N Y C P O A M P H E T A M I N E C U L T M T
U A L T R U T B F S T I M U L A N T W P Q S P A P
U E P S V K I K B X S E T T I N G M M U T T I R S
J G D R S D O W I T H D R A W A L W E B L F N I K
M W I I C W N A M N H P H Z O J A Q C A Z D H J C
S X I I S A L N P K X A G F O D V Z Q B K T A U O
E V Z B C J H A L L U C I N O G E N A M B F L A C
T T U X A E A W A K T R A N Q U I L I Z E R A N A
Z K M D F A Q N X C A L C O H O L L Y D V U N A I
E M U W F L F M V D O R Q K D Q Z I W T K Z T G N
L H D L E M N E G N S K Z G C L C C I W I D S N E
G L F A I X W A L L S N R J B C R I D O M M H D R
O B U A N W J B G X N K I L T T L T M K Q G I F K
S H F L E V B J T O X P T O L E R A N C E Q F J B
```

There are 25 words here -
Can you find them?

ABUSE
ALCOHOL
AMPHETAMINE
CAFFEINE
COCAINE
DEPENDENCE
DEPRESSANTS
DRUG
HALLUCINOGEN
ILLICIT
INHALANTS
INTERACTION
LICIT
MARIJUANA
MISUSE
NARCOTIC
NICOTINE
PRESCRIPTION
PSYCHOACTIVE
SET
SETTING
STIMULANT
TOLERANCE
TRANQUILIZER
WITHDRAWAL

DRUG WORD SEARCH KEY

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• • • • • • • • • • • • P • • • • • • • • • • • •
D E P E N D E N C E • • S • • • • I • • • N • • •
• M • • • • • • • • • • Y • • • • N • • • I • • •
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• U • P • D R U G • • • O • • • • R • A • T • • •
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• E • E • • S • I L L I C I T • • C • C • N • • •
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E • • • C • H A L L U C I N O G E N • • • • L A C
T • • • A • • • • • T R A N Q U I L I Z E R A N A
• • • • F • • • • • A L C O H O L L • • • • N A I
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Goal: The student will demonstrate the ability to distinguish among the classifications of drugs.

Objective: Explain the use for each drug classification.

Learning Concept Information

Vocabulary: licit, illicit

Academic Focus: Vocabulary development

RESOURCES:

ACTIVITY

1. Write on the board: licit, illicit. Explain that drugs are often described as licit (legal) or illicit (illegal) depending on how they are used. Licit drug use is legal. It is often necessary and is done in accordance with the instructions for that particular drug. Illicit drug use includes the following:
   a. use of a legal drug to produce a drugged state (e.g. sleeping pills to relieve boredom)
   b. use of a legal drug for a purpose other than for which it has been prescribed (e.g. diet pills or amphetamines to stay awake)
   c. use of a product or substance that is not a drug to alter the functioning of the mind or body (e.g. glues, gasoline, aerosols)
   d. use of illegal drugs (e.g. heroin, cocaine, marijuana).

2. Write on the board: drug use, drug misuse, and drug abuse. Explain each as follows:
   a. use - deliberate exposure to a drug substance
   b. misuse - use of a drug substance contrary to the instructions of the supplier, the dispenser, or the prescriber
   c. abuse - use of a substance to the harm of either the user or society

3. Ask students to explain the relationship between licit and illicit drug use with drug use, misuse, and abuse.

RESOURCES:	ACTIVITY
Handout: "Vocabulary Match Up Worksheet"	4. Ask students to complete the Vocabulary Match Up Worksheet. Students are to match the correct terms for each drug-related definition. A teacher key is included. Go over the worksheet in class and explain any items missed or unknown by the students.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT 6: A-2

VOCABULARY MATCH UP WORKSHEET

______________ 1. Any substance that, when taken, changes the functioning of the body or mind of the human organism.

______________ 2. Use of a drug substance to the harm of either the user or society.

______________ 3. Drugs which may reduce anxiety and excitement by slowing down the central nervous system.

______________ 4. The body's ability to overcome the usual effects of a drug so that an increased dosage is needed to achieve the same effect as before.

______________ 5. The dried leaves and flowering top of a plant with the biological name of Cannabis sativa.

______________ 6. Those drugs, medications, and medical devices subject to regulations by a physician which are "habit forming," "toxic," "potentially harmful," or whose "methods of use," is not safe except under the supervision of a physician.

______________ 7. The action of a drug upon the action of another drug that was taken at an earlier time, at the same time, or at a later time.

______________ 8. The major psychoactive ingredient in wine, beer and liquor.

______________ 9. A drug used to reduce anxiety and tension; brings relaxation by calming, quieting or pacifying the user.

______________10. The "idea" that the drug user has as to how a drug will affect him/her is called the ________.

______________11. Any drug whose sale, purchase, or use is against the law and for which violators are subject to criminal penalties.

______________12. Use of a drug substance in a way different from the instructions of the supplier, the dispenser, or the prescriber.

______________13. Gradual removal of a drug from the body system.

______________14. The environment in which the drug is taken.

______________15. A group of substances (not usually thought of as drugs) that are abused because of the psychoactive effects they produce.

________________16. A stimulant drug found in coffee, tea, and cola drinks.

________________17. A drug that relieves pain and often induces sleep.

________________18. A group of stimulant drugs that may be found in prescription diet pills.

________________19. Altering perception and consciousness; capable of changing moods, feelings, and thoughts.

________________20. Drugs that are legal and necessary are called ______ drugs.

________________21. A white powder that is made from the coca bush that has local anesthetic and central nervous system stimulant effects.

________________22. Drugs which increase alertness and the activity of the central nervous system.

________________23. The drug within tobacco that acts as a central nervous system stimulant.

________________24. Drugs that affect a person's perceptions, awareness, and emotions.

________________25. A state of periodic or long-term drug use that is dangerous to the individual and to society (May be psychological and/or physical).

Select your answers from these words:

1. Narcotic
2. Tranquilizer
3. Dependence
4. Set
5. Drug
6. Withdrawal
7. Tolerance
8. Stimulants
9. Interaction
10. Psychoactive
11. Illicit
12. Hallucinogen
13. Abuse
14. Caffeine
15. Marijuana
16. Setting
17. Alcohol
18. Licit
19. Nicotine
20. Depressants
21. Misuse
22. Amphetamines
23. Cocaine
24. Inhalants
25. Prescription

HANDOUT
6: A-2

VOCABULARY MATCH UP ANSWER KEY

1. Drug
2. Abuse
3. Depressants
4. Tolerance
5. Marijuana
6. Prescription
7. Interaction
8. Alcohol
9. Tranquilizer
10. Set
11. Illicit
12. Misuse
13. Withdrawal
14. Setting
15. Inhalants
16. Caffeine
17. Narcotic
18. Amphetamine
19. Psychoactive
20. Licit
21. Cocaine
22. Stimulants
23. Nicotine
24. Hallucinogen
25. Dependence

Goal: The student will demonstrate the ability to distinguish among the classifications of drugs.

Objective: Describe bodily changes associated with each classification of drug.

Learning Concept Information

Vocabulary: chemical substances

Academic Focus: Body systems

RESOURCES:

Handout:
"Body Changes Chart"

ACTIVITY

1. Introduce the idea that many chemical substances, whether they are commonly considered to be drugs or not, cause reactions in our bodies. Non-chemicals, too, can cause changes in mood, feelings, and behavior.

2. Ask students to complete the Body Changes Chart by noting how they react to each thing listed.

3. Invite students to share their reactions with the group. Discuss good and bad reactions.

4. Discuss the chart. Ask students to identify:
   a. Those things that affect you, but are not drug related. Includes: sunshine, hot water, bakery smells, and screeching tires.
   b. Those items which are specifically drugs. Includes: aspirin, novocaine, and sleeping pills.
   c. Those substances which contain drugs. Includes: coffee (caffeine), cola (caffeine), beer (ethyl alcohol), and tobacco (nicotine).

5. Discuss the various types of drugs presented in the Body Changes Chart and the rest of this unit. There are several kinds of drugs. For the purpose of this unit, the following classification of drug groups will be used:

RESOURCES:

ACTIVITY

Stimulants - increase the activity of the body functions which the brain controls such as breathing, talking, and moving; create alertness and/or irritability. This category includes: caffeine, amphetamines (speed), cocaine (coke), nicotine, chocolate.

Depressants (Sedative-hypnotics) - depress or slow down the body functions which the brain controls such as breathing, talking, or moving. Small doses will relax the user; larger doses will produce sleep; very large doses can produce coma and even death. This category includes barbiturates, tranquilizers, alcohol, and methaqualone (quaaludes or ludes).

Narcotics (Opiates) - relieve pain and may induce sleep; large amounts produce delirium (a clouded state of consciousness; an extremely confused mental state about yourself and your environment). This category includes: heroin, codeine, morphine, and methadone.

Hallucinogens (Psychedelics) - these drugs affect a person's perceptions of what he/she sees or hears, awareness, and emotions. This category includes: LSD, mescaline, and psilocybin mushrooms.

Inhalants (Volatile Substances) - in this group are substances that are abused because of the effects they produce, but they are not usually thought of as drugs. They are grouped together by the way they are taken into the body - by sniffing or inhaling. This category includes: glues, aerosol sprays, spray paints, gasoline.

Marijuana - the dried leaves and flowering tops of the hemp plant Cannabis sativa. THC (tetrahydrocannabinol) is the active ingredient that produces marijuana's effects of increased heart rate, reddening of the eyes, and temporary euphoria.

Emphasize that drugs don't usually affect only one part of the body. Use aspirin as an example: aspirin relieves pain in the nervous system, relieves pain in the muscular system, may cause bleeding in the stomach (digestive system) and reduces fever.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

BODY CHANGES CHART

This is a list of things to which your body might react. In the space after each one, write a reaction you have had or might have. Identify which of these things involve drugs.

1. Sunshine

2. Hot water

3. Coffee

4. Aspirin

5. Cola

6. Novocaine

7. Bakery smells

8. Beer

9. Screeching car tires

10. Sleeping pills

11. Tobacco

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Goal: The student will develop a basic understanding of the decision-making process.

Objective: Identify the steps in the decision-making process.

Learning Concept Decision-Making

Vocabulary: define, influences, alternatives, risks, evaluate

Academic Focus: Critical Thinking

RESOURCES:

Teacher Aid:
"Overall Perspectiv
to the Decision-making Process"

Handout:
"Steps in the Decision-making Process"

ACTIVITY

1. Review the Teacher Aid "Overall Perspective to the Decision-making Process" before the activity.
2. Reproduce the "Steps in a Decision-making Process" handout, and cut slips of paper into separate slips of paper (one step per slip). Create enough slips for small groups of three to four students.
3. Divide class into small groups, and hand out slips of paper.
4. Ask students to work together to arrange the slips in a sequence that they think would make a good decision-making process.
5. Discuss any additional elements that the class may want to incorporate. Where, for example, might your feelings or emotions come in? (Answers might include: as an influence, or as part of the problem. Certainly there are emotional costs and payoffs as a consequence of decision-making.)
6. Now share the pre-designed decision-making process with class. (See the discussion under Teacher Aid following this activity for an overview of this process.)

RESOURCES:

Visual:
"The Decision-making
Process"

ACTIVITY

7. Discuss any similarities and differences between the students' sequence and that in the visual. Point out that there can be more than one correct sequence, depending on how one moves through the process.

8. Finalize the decision-making process into the sequence that the class thinks is the most useful. Practice using it to make a decision using a class example or the example given below.

Example:
Situation: Jane is at a party. She rode there with Jim and Jerry, her older brother, in Jim's car. It is getting late. Jim has been drinking heavily all night. His speech is slurred, and he weaves as he walks. Now Jim wants to leave. "Come on, Jerry and Jane, we're going." Jerry suggests that Jim let him drive. "No way! I'm fine! Come on--now!"

Step 1: Defining the problem. Jane definitely sees a problem here. On the one hand she needs to get home--she promised her parents that if they let her go to the party with her brother she would be home by 10:00. On the other hand, it doesn't look like Jim's in much shape to drive. Deciding whether to drink and drive is Jim's problem, but since he's clearly bent on driving, the problem becomes hers as well. She must decide whether to go with him, or if not, what to do. She must also decide whether or not to attempt to influence Jim's decision.

Step 2: Looking at Influences. Janes's parents want her home. Jane likes Jim and knows her brother does also so she does not want to make an enemy of him. Jane does not want to get her brother into trouble with her parents even though he is not drinking. All of these are strong influences that Jane must weigh.

Step 3: Identifying Alternatives. Jane has several alternatives:
Go with Jim
Call her parents to come and get her
Stay overnight
Call a cab
Find another ride

RESOURCES:

ACTIVITY

In terms of influencing Jim's decision to drive, she can:
Do nothing
Steal the car keys
Try to get Jim so drunk he passes out
Mobilize the group pressure to talk Jim out of driving

In identifying the alternatives she realizes she needs more facts. Is there someone else she can ride with? She asks, and discovers that Barbara is also leaving early and would be willing to drop her off.

Step 4: Looking at Risks and Results. To go with Jim means a risk of a serious accident. Jane would call her parents, but then they would know that drinking had been going on and she would get her brother into big trouble. Staying overnight would also create parental worry. She could call a cab but that would take most of her spending money for the month. Probably her best bet would be to accept the ride with Barbara.

But what about Jim? Jane would prefer to see him not get hurt. She could steal the car keys so he couldn't drive but that might make him angry at both her and her brother. She could try to get him so drunk, he'd pass out, but it might not work and besides, he might get really sick. Mobilizing group pressure might not work, and might anger Jim as well, but it could influence him to let Jerry drive.

Step 5: Deciding, Acting, and Evaluating. Jane decides that the risk of making Jim angry is more than outweighed by the danger of drunk driving. She will not drive with Jim. Her concern for Jim outweighs the risk of angering him by getting the group to pressure him, so she figures she'll try that. Perhaps he'll let Jerry drive. If not, going with Barbara seems the best bet. Jane talks to several people, including Bob, a person Jim highly respects. Bob and several others reason with Jim. Gradually, Jim is won over. He agrees to let Jerry drive home. After Jane is home, she thinks about what transpired. She's safe, Jim's safe, she got home on time, her brother did not get into trouble with her parents. All in all, it seems like a good decision.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

OVERALL PROSPECTIVE: THE DECISION-MAKING PROCESS

Overall Perspective

Decision-making is a process in which a person selects from two or more possible choices. Personal decision-making enables one to reason through life situations, to solve problems, and to modify behavior. A decision is not "right" or "wrong." It is judged to be effective or ineffective by whether it has produced satisfying or unsatisfying consequences.

Steps in the Decision-making Process

The model for personal decision-making consists of five steps:

Step 1: Defining the problem. At this stage the person will want to look closely at the situation, viewing it as a problem in need of a decision to resolve it. (Is a decision needed here? Is it my decision or someone else's? In other words, who owns the problem? What, specifically *is* the problem?)

Step 2: Looking at influences. At this stage the person will want to examine the influences and pressures operating on his/her decision, and their importance. (What do my parents think? In what ways are the attitudes of my friends putting pressure on my decision? What are the legal, social, cultural pressures? How is my own mood or state of mi[illegible] influencing the decision? Are emotions helping or hurting me in the long run?)

Step 3: Identifying alternatives. At this stage the person will identify alternative courses of action. A variety of choices will be reviewed. (What are the possibilities open to me? What are the facts I need to know to weigh these alternatives? What influences operate on each possibility?)

Step 4: Looking at risks and results. The different alternatives are examined in light of what is likely to happen and what the potential benefits and risks are of such an occurrence. (What will happen if I select this alternative? What are the risks involved? Are the payoffs worth the costs?)

The final step of the process involves reflections concerning the decision made or action taken. As a result of the decision, an action, a thought, or a feeling is engendered, and some consequence does, in fact, result. Assessment of the actual consequences of the decision can provide valuable insight to guide future decision-making.

Step 5: Deciding, Acting, and Evaluating. In this final step the person looks at the results of past decisions to guide future action. To help evaluate a decision the person may ask the following six questions.

-- What decision did I make, and what action, thought, or feeling resulted?

-- How satisfied am I with the decision?

-- What cost did I expect from the decision? What did I have to give up?

-- What payoff, or positive outcome, did I hope to get from the decision?

-- What were the acutal costs and payoffs?

-- What would I do differently next time; or, how would I make that decision now if I could turn back the clock and decide again?

STEPS IN THE DECISION-MAKING PROCESS

(cut) -

DEFINING THE PROBLEM

What is the problem?
Whose problem is it?
What information do I need to make a decision or solve the problem?

- -

LOOKING AT INFLUENCES

Who or what is influencing my decision?

- -

IDENTIFYING ALTERNATIVES

What choices do I have?

- -

LOOKING AT RISKS AND RESULTS

What will happen as a result of each possible choice?
What are the possible benefits?
What are the possible costs or negative outcomes?

- -

DECIDING, ACTING, AND EVALUATING

Given the possible outcomes, which choice looks best?
What happens?
Given what happened, what would I do differently next time?

HANDOUT
6: B-1

THE DECISION-MAKING PROCESS

5. DECIDING, ACTING, AND EVALUATING
4. LOOKING AT RISKS AND RESULTS
3. IDENTIFYING ALTERNATIVES
2. LOOKING AT INFLUENCES
1. DEFINING THE PROBLEM

Goal: The student will develop a basic understanding of the decision-making process.

Objective: Generate alternatives and evaluate the risk factor of each alternative.

Learning Concept Decision-making

Vocabulary: decision, marooned, rank-order

Academic Focus: Oral Communication

RESOURCES:

Handout:
"Desert Island Decision Chart" (2 copies per student)

ACTIVITY

1. Ask students to rank-order the gear list from the "Desert Island Decision Chart" from 1 to 16, with 1 being most important. This should be done individually.
2. Divide students into small groups (3-4 people). Instruct students to tell the group the five items they feel are most important, and the five they feel are least important, and why. Then have the groups discuss the alternatives selected, the five highest priority items and the three lowest priority items in particular. What did others use as a basis for their decision-making?
3. Ask students to fill in the final ranking column again, working individually, to give them a chance to rethink their choices after hearing others' comments.
4. Discuss the decisions. What was the problem? Did you have all the facts you needed to make your decision? What additional information would have been helpful? Did your decision change at all after you talked with others? How did the others' opinions influence your decision? How did you decide which items to choose? How did looking at the risks of various choices influence your decision?

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT 6: B-2

DESERT ISLAND DECISION CHART

You are one of the three persons marooned just off a desert island in the Pacific. Your lifeboat is leaking badly and will surely sink when the tide comes up. You and your fellow passengers have decided to strike out for shore, carrying what you can. Whatever you don't take will probably be destroyed when the boat sinks.

In the "initial ranking" column, rank-order the gear listed below from 1 to 16, with 1 being the most important item to take and 16 being the least important.

INITIAL RANKING	GEAR LIST	FINAL RANKING
	Waterproof matches	
	A gallon jug of water	
	A compass	
	A bottle of aspirin	
	A Bible in a waterproof bag	
	A bottle of rum	
	A nylon tent	
	A map of this part of the Pacific Ocean in a waterproof bag	
	Dehydrated food	

HANDOUT 6: B-2

INITIAL RANKING	GEAR LIST	FINAL RANKING
	A small bag of marijuana	
	A 45-calibre pistol, loaded	
	Powerful field glasses	
	A first aid kit	
	A heavy, but portable short wave radio	
	A sharp knife	
	A change of clothes	

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Goal: The student will develop a basic understanding of the decision-making process.

Objective: Discuss consequences of selected courses of action.

Learning Concept Decision-making

Vocabulary: consequences

Academic Focus: Language Arts

RESOURCES:

ACTIVITY

1. To practice using a decision-making process, ask students to provide an example of an important decision that they must make, or provide a situation for the group.

   Sample Situation: Your parents have gone to a parent/teacher meeting that will last about two hours. While they are gone, Marie, a friend of the family, is staying with you. You are frightened by the sound of loud voices. You see that there is a man at the front door, a neighbor you know slightly. Marie goes to the door and opens it as far as the chain will allow. He is very drunk and is insisting that Marie let him in to borrow a bottle of wine. You have heard your parents discuss how aggressive and obnoxious this man can get when he has been drinking. He starts to push on the door.

2. Work through the decision-making process with the class. For example, using the situation above:

   First, define the problem. What is the problem? Does Marie's situation require you to make a decision? In this situation would it be wise to ask Marie what's happening, or would that make the situation worse?

Visual:
"The Decision-making Process"
(See Activity 6: B-2)

RESOURCES:

ACTIVITY

Then, identify the alternatives and influences. What could you do? Possible responses include: (1) Call the police. (2) Call a neighbor. (3) Ask Marie to send the man home. How might what you have heard about the man's aggressive behavior when drunk influence your decision?

Then, Identify the risks and results. Ask the students to identify one possible positive outcome and one possible harmful outcome for each of the alternatives they come up with. List them on the board. Possible positive outcomes include: (1) The man would be taken away, and no one would get hurt. (2) The neighbor could convince the man to leave, and no one would get hurt. (3) The neighbor could call the police. (4) No one would know, and no one would be hurt. (5) The man would not see you and would eventually go away. Possible harmful outcomes include: (1) The man might do something violent if he sees you calling the police. (2) The neighbor might not be able to convince the man to leave, and someone might get hurt. (3) The man might get violent and hurt someone or break something. (4) The man might hurt Marie.

Then, choose the best alternative. In this situation, "Call the neighbor" might be selected as the best response, since the neighbor could either call the police or come over to provide immediate assistance.

3. Discuss the factors that went into the decision. Were feelings and emotions more or less a factor than in the "decision chart" decisions? Is it harder or easier to make decisions when other people are involved? How do our fears influence our decisions and behavior? What other immediate reactions might you have in this situation (fight or flight)?

Handout:
"Choose Your Consequences"

"Consequences Worksheet"

4. Distribute the handouts "Choose Your Consequences" and the "Consequences Worksheet." Ask students, working individually or in small groups, to choose a situation to work on. Using the worksheet, the students should identify as many different courses of action as they can, assess the positive and negative consequences of each alternative, and then select the alternative that seems best.

5. Discuss the alternatives selected by the students and the consequences of each alternative.

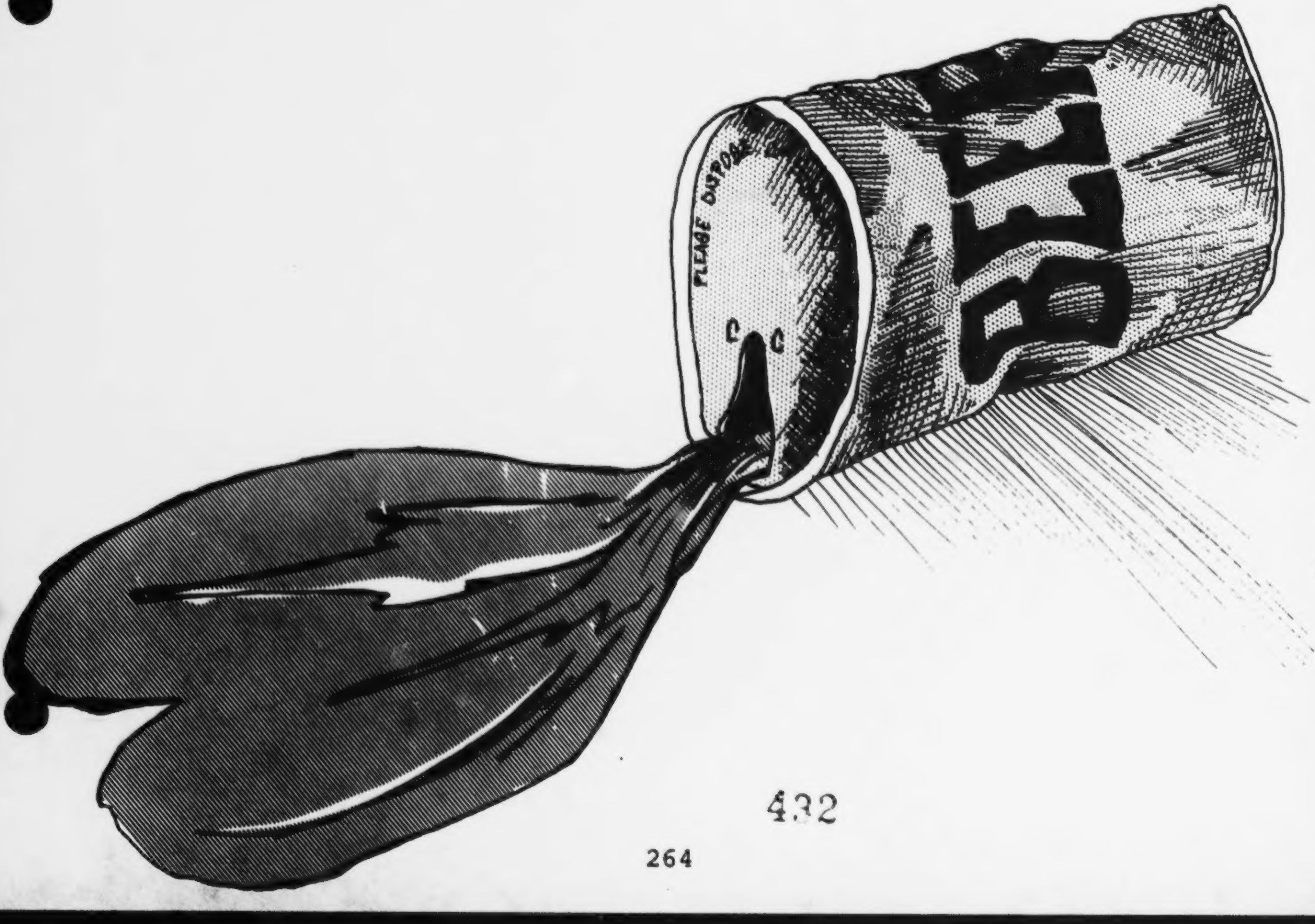
Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
6: B-3

CHOOSE YOUR CONSEQUENCES

1. Laura and Susan both like Eddie. Now they are all at a party at Laura's parents' house with about six other kids. Laura's parents are away; there is a lot of beer; and Laura is daring Eddie to have a drinking contest with two other boys. Susan thinks it is stupid to get drunk; it always spoils a good time. She would say so, too, except Eddie really likes the idea, and she is afraid he won't like her anymore. What are all the things Susan could do? Which choice seems the best?

2. Paul is 15 but hangs around with kids who are 17 or so. He likes being part of an older group, but sometimes they get rowdy when they are drinking. And a couple of them, Pete and Doug, sometimes give him a hard time. Paul knows they don't really mean what they say when they are drunk, but it still bothers him a lot to get dumped on. No they are all sitting in the park, waiting for one of the kids to come back with a few six-packs. Pete starts making his negative remarks about Paul, referring to him as "the dumb kid." Suddenly Doug turns to Paul and asks, "Well kid, you gonna just sit there and let him talk about you that way? Aren't you a man?" What are the things Paul could do? Which choice seems the best?



HANDOUT
6: B-3

CONSEQUENCES WORKSHEET

Possible Alternatives ____

Positive Consequences	Negative Consequences

Possible Alternative ____

Positive Consequences	Negative Consequences

Possible Alternative ____

Positive Consequences	Negative Consequences

Goal: The student will demonstrate the ability to identify the consequences of drug misuse.

Objective: Identify the physical consequences of drug use, misuse, and abuse.

Learning Concept Information

Vocabulary: myth

Academic Focus: Language arts

RESOURCES:

Handout:
"Facts and Myths
About Alcohol"

ACTIVITY

1. Tell students there are many misconceptions (myths, incorrect beliefs) about alcohol use, and that the following story may point out some they have not considered. Ask students to identify the true statements by underlining and the myths by circling. This may be completed individually, in small groups, or as a class.

2. Discuss the myths with the group. The facts are:
   a. Kate - combining drinks does not necessarily make you more drunk, just perhaps more sick.
   b. Mark - beer is still alcohol and therefore not safer. There is as much alcohol in a 12-ounce can of beer as in a shot of whiskey.
   c. Stuart - alcohol creates the sensation of warmth, but does not actually increase the body temperature.
   d. Tracey - alcohol is a depressant, not a stimulant.
   e. Benjamin - alcohol does not cure colds.
   f. Sarah - tolerance, and not exercise, leads to a 'hollow leg."
   g. Sarah - alcoholic beverages are high in calories and low in nutritional value, hence fattening.
   h. Kate and Mark - coffee and fresh air do not sober up a person.
   i. Frank - there is no known cure for a hangover.

RESOURCES:

ACTIVITY

All other statements in the story are true.

Adapted from *Decisions About Alcohol and Other Drugs*, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

FACTS AND MYTHS ABOUT ALCOHOL

Can you identify true statements from myths in the following story?

This Friday Jeff and his friends are having a party. After several hours, Jeff has had four shots of whiskey. His friend, Kate, likes all kinds of drinks and has a beer, 2 shots, and a glass of wine. Kate is getting drunker because she is mixing drinks. Mark is only drinking beer because it is safe and he has to drive.

Stuart and Beth arrive later. Since they have been out in the freezing cold, they have a couple drinks of wine to warm up. Beth has not eaten all day, so she feels very high on one drink.

Sue is very short (5'2"). At the party she watches what she drinks because of her size. Tracey is feeling really down and tired. She decides to have a couple of beers to pep her up.

Benjamin has a cold so he decides to have some hot buttered rum to cure his cold. Sarah says she never gets drunk because she has a "hollow leg" from exercising so much. She is drinking instead of eating, because she is dieting and wants to lose weight.

It is late, and several people want to sober up. Kate drinks coffee. Mark goes out for a walk in the cold air. Steve decides to stay overnight. At this point Frank comes in from the bedroom. He had been drinking a lot earlier in the day and has been asleep for several hours. He has a terrible hangover. He decides to have some tomato juice mixed with a raw egg because that is a good cure for a hangover.

Goal: The student will demonstrate the ability to identify the consequences of drug misuse.

Objective: Identify the emotional consequences of drug use, misuse, and abuse.

Learning Concept Information

Vocabulary: traits, dependent, non-dependent, isolation, worthlessness

Academic Focus: Composition skills

RESOURCES:	**ACTIVITY**
Chalkboard Chalk	1. On the board, list two categories: Non-Dependent Person, and Drug-Dependent Person. Under Non-Dependent, list any of the following traits: courageous self-disciplined intelligent happy secure friendly. Ask the students to suggest additional traits. 2. Discuss how these traits may change when a person becomes drug-dependent. Explain that the use, misuse, and abuse of drugs are often linked with feelings of isolation from others and worthlessness. While those feelings may already be present in a person, drug use can intensify those feelings making a person feel more lonely and unhappy with him/herself. List across from the non-dependent traits (e.g. courageous---fearful, scared; intelligent---careless with assignments). 3. Ask the students to write a paper entitled Drugs Change People. They may either agree or disagree with the statement but they must defend their position.

Adapted from Substance Abuse Education, Caddo Parish Public School System, Louisiana.

Goal: The student will demonstrate the ability to identify the consequences of drug misuse.

Objective: Identify the legal consequences of drug use, misuse, and abuse.

Learning Concept Information

Vocabulary: consequences

Academic Focus: Current events

RESOURCES:	ACTIVITY
	1. Ask the students to generate possible legal consequences of misusing drugs. Remind students that "drugs" covers alcohol, illegal drugs without prescriptions, legal drugs with prescriptions, nicotine, etc. Consequences should include: arrests fines imprisonment loss of driver's license suspension and expulsion from school police record possible loss of job possible denial of licensing for certain professions (e.g. physicians, pharmacists, psychologists).
Copy of local school board policy Newspapers	2. Review and discuss the local school board policy on the use and possession of cigarettes, alcohol, and other drugs.
	3. Divide students into "Legal Beagle" teams. Ask them to find newspaper articles telling how people have suffered legal consequences for drug use. Review with classmates.

Adapted from Comprehens ve Health Education Curriculum Guide, 1983, State of Louisiana, Department of Educatio .

Goal: The student will demonstrate knowledge of factors influencing the decision-making process.

Objective: Identify the influences on decision-making.

Learning Concept Decision-making

Vocabulary: influences

Academic Focus: Critical Thinking

RESOURCES:

ACTIVITY

1. Explain that decisions about the use or non-use of alcohol and other drugs are influenced by a number of factors - some we are very much aware of, and some may be hidden.

2. Ask students to identify influences on their decision-making. For example, what influences might act on a decision to attend or not attend a party? To go or not to go to college? To smoke or not to smoke marijuana?

3. Discuss these influences on decision-making:

   - Peer influences. How our peers think and act may influence our decisions about the use of any drugs (nicotine, alcohol, marijuana, crack, etc).

   - Family influences. How our parents and siblings feel about any drug use, and how their personal habits will affect our decisions and views (positively and negatively) about drugs.

   - Social influences. The images of alcohol and other drug use portrayed by the media, advertising, and popular music also influence our decision-making.

RESOURCES:

ACTIVITY

- Cultural influences. Various cultures and religions view and use drugs differently. For example, a Mormon or Islamic family would not serve liquor in the house because their religion prohibits it. But an Italian family might well follow the Italian tradition of serving wine with meals.

- Legal influences. The laws regulating alcohol and other drug use affect our decisions.

- Personal values. Our beliefs and feelings about ourselves affect how and when we make our decisions.

Visual:
"Influences on Decisions"
Handout
"Betty's Decision"

4. Show the visual "Influences on Decisions" to summarize the discussion.

5. Distribute the handout "Betty's Decision." Ask students to read the story.

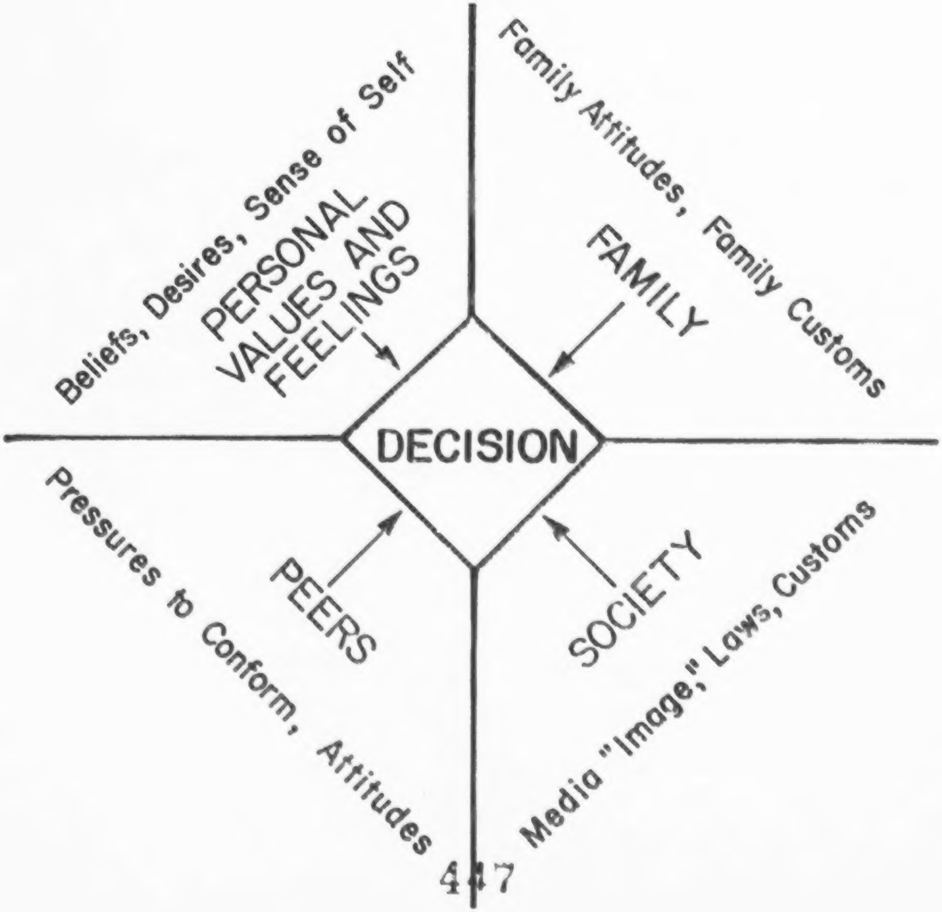
6. Discuss the various influences on Betty's decision. These questions may help trigger the discussion:

- What kinds of pressure is Stan putting on Betty?
- Do you think if Betty smokes the cigarette she'll be more accepted by the group?
- How might the law be involved in Betty's decision?
- How does Betty's family feel about drug use? What effect could this have on her decision?
- Betty really cares about Stan. Do you think this feeling will affect her decision? Should it?
- Do you think Betty's desire to be accepted by the group will affect her decision? Should it?
- What are Betty's alternatives - that is, what could she do in this situation?
- What would you do if you were in Betty's place? Why?
- If Betty decides not to try the drug, how do you think Stan will react? How do you think he should react? What are some responses Betty could say to Stan if she decides not to try the drug?

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

VISUAL AID
6: D-1

Influences on Decisions


Beliefs, Desires, Sense of Self
PERSONAL VALUES AND FEELINGS
Family Attitudes, Family Customs
FAMILY
DECISION
PEERS
Pressures to Conform, Attitudes
SOCIETY
Media "Image," Laws, Customs

HANDOUT 6: D-1

WHAT ARE THE INFLUENCES ON BETTY'S DECISION?

For 2 years, Betty hoped that Stan would ask her out. She did not really think he would - he was older, much more sophisticated and seemed very independent and sure of himself. But he did ask her out, last week. They went to a movie and had a wonderful time. Tonight is their second date. They are at a party. Betty does not know too many of the people - most of them are not from her school - but they are friendly, interesting, and fun to be with.

Betty, who is usually very shy, finds herself relaxing and having a great time. Bob, one of the guys, pulls out a baggie filled with a brown tobacco-like substance, and rolls several cigarettes. When he is finished everyone cheers. He passes one to Stan, who lights it, inhales deeply, and hands it to Betty. Betty tries to pass it on without taking any. She has promised her father not to try drugs, ever. Besides, she is not sure what the drug is - marijuana? - or how she would react to it. Stan stops her. "Come on, little girl," he says, "Take a hit."

Betty knows that despite the gentleness of his words, it is important to Stan that she try the drug. If she does not, he will probably never take her out again. She hesitates, unsure what she should do.

What are the peer pressures on Betty's decision?

What are the legal pressures?

What are the family pressures?

What are the personal pressures, brought about by Betty's own feelings?

Goal: The student will demonstrate knowledge of factors influencing the decision-making process.

Objective: Examine the influences of peer, legal, societal, family, and personal factors on decision-making.

Learning Concept Decision-making

Vocabulary: subtle, peer pressure

Academic Focus: Language Development

RESOURCES:

Handout:
"Shared Experiences"

ACTIVITY

1. Distribute the handout "Shared Experiences." Ask students to complete it working individually.

2. Explain that peer pressure is the subtle pressure or force felt among peers (persons of similar age, friends) to do the same thing or think the same way. Explain that peer pressure exists among all groups of people to some extent (including adults), and results from our need to feel accepted by others, to be a part of a group, and to feel that we belong. Peer pressure influences people in very subtle ways that we may not always be aware of.

3. Discuss peer pressure, using the following questions in your discussion:

   - How does peer pressure influence you in your daily life?
   - How does peer pressure influence your parents in their daily lives?
   - How strong is this influence?
   - When is peer pressure positive?
   - Are you generally aware of peer pressure when it is occurring? How do you generally respond to it?

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

SHARED EXPERIENCES

This questionnaire is for your use only. It will not be collected.

1. What clothes do you often wear to school (or would you wear if you had the money) that at least 5 or 6 other persons in class are wearing?

   jeans ____________________
   (what brand?)

   jackets ____________________
   (what kind?)

   shirts/blouses ____________________
   (what style or brand?)

   skirts/slacks ____________________
   (what style or brand?)

   backpack or purse ____________________

   boots/shoes ____________________
   (what kind?)

   Are other people in class wearing similar kinds of clothes? _____

   Are they your friends? ____________________

2. What would you wear if you were going to church, or out on a Friday night, that your friends might also be wearing?

   ____

3. List three artists or music groups you regularly listen to and that you know at least 5 or 6 of your friends also enjoy.

   ____

   ____

   ____

4. List three TV shows you regularly watch and that you know at least 5 or 6 of your friends also watch.

____

____

____

5. Have you ever made the statement to your parents "Everyone else is doing...?" If so, what was it that you also wanted to do?

____

____

____

6. What are the current fads at your school?

Language ______________________________

Movies ______________________________

Music ______________________________

Places ______________________________

Classes ______________________________

Activities ______________________________

Food ______________________________

Alcohol/other drugs ______________________________

7. Now review your list. Circle the things that you do, at least in part, because your friends enjoy it too and you can share the experience.

Goal: The student will demonstrate knowledge of factors influencing the decision-making process.

Objective: Examine the influences of media on decision-making.

Learning Concept Decision-making

Vocabulary: media, advertising, images

Academic Focus: Journalism; Communications

RESOURCES:

Needed prior to class: Media Advertisements

Handout:
"Visual and Verbal Images Used in Advertising"

453

ACTIVITY

1. Ask each student to bring two or three liquor/cigarette advertisements from magazines or newspapers to class. (Teacher may wish to supply the advertisements to avoid "questionable" pictures.)

2. Divide students into small groups.

3. Ask students to hold up their ads and describe them to members of their group. Students should describe the visual content of the ad in their own words, and if there is copy in the ad, read it aloud. Encourage students to describe all details of the ad.

4. Distribute the handout "Visual and Verbal Images Used in Advertising." Following the procedures noted on the handout, students should identify visual and verbal images represented in the ads that they have brought to class.

5. Ask students to report their findings to the entire class.

6. Sum up, making the following points:

   Advertising of alcoholic beverages or cigarettes is an important influence on our decisions.

454

RESOURCES:

ACTIVITY

Media advertising (TV, radio, magazine, billboard) tries to increase consumption of alcoholic beverages or cigarettes by suggesting more reasons for drinking or smoking. It creates a subtle and false association of drinking/smoking with pleasurable and appealing activities.

The strategy used to advertise alcohol/cigarette consumption is usually to make it appear desireable, and more appealing to the opposite sex.

7. Homework: Ask students to design advertisements for liquor or cigarettes that illustrate the consequences of use/abuse.

Adapted from *Decisions About Alcohol and Other Drugs*, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
6: D-3

VISUAL AND VERBAL IMAGES USED IN ADVERTISING

The purpose of advertising - whether for TV, radio, magazines, or newspapers - is to encourage the public to use and buy the product advertised. Thus, advertisers work to make their products appealing, and suggest on some level that by using the product, consumers' lives will be better, happier, healthier, easier, or more fulfilling.

Choose one ad from each member in the group. For each ad, analyze the elements below. Ask one person to record the findings.

1. Visual Images in the Ad.

   - If there are people in the ad, what do they look like? (successful, sexy, powerful, rich, poor, "together") ____________

     ____

     ____

   - What are they doing? (talking, engaged in an activity, boating, sailing) ____________________________________

     ____

     ____

   - How do they appear to feel? (happy, sad, turned on, confident, inviting) ____

     ____

     ____

   - How are they dressed? (casual, formal, well-dressed, poorly dressed) ____

     ____

     ____

   - If there are no people in the ad - only, for example, a bottle or a glass of liquor, or a pack of cigarettes, what feeling does the picture suggest? What is the mood of the ad? ____________

     ____

     ____

2. Written Copy in the Ad.

   - What does the copy tell you about the liquor or cigarette?

   ____

   ____

3. Total Effect of the Ad.

   - According to the ad, if you drink the alcohol or smoke the cigarette, how will you feel? What will you look/act like?

   ____

   ____

   - According to the ad, how will drinking this beverage or smoking this cigarette change you? ______________

   ____

   ____

4. Total Effect of All Ads Analyzed.

   - What basic similarities do you see in these ads? __________

   ____

   ____

   - If the ads are to be believed, how will drinking alcohol affect you? ______________

   ____

   ____

6: EVALUATION COMPONENT

1. Complete this sentence. A drug is any substance that, when taken,...

____

2. Some drugs are said to be "narcotic." What does narcotic mean?

    a. It changes mood.
    b. It causes hallucinations.
    c. It relieves pain and is addictive.
    d. It stimulates activity and alertness.

3. Mary has just taken something that causes her to see strange visions. She says things in the room have strange shapes and some things are floating. What kind of drug has she most likely taken?

    a. A stimulant.
    b. An hallucinogen.
    c. A narcotic analgesic.
    d. A depressant.

4. Sitting on a table is a shot of whiskey, a regular can of beer, and a glass of wine. Which has the most alcohol?

    a. The whiskey.
    b. The beer.
    c. The wine.
    d. They all have the same.

5. Tom's dad had too many beers at the party. Before he drives home, his friends give him a cold shower and some coffee. Should he drive home and why or why not?

    a. Yes, the shower and coffee should have sobered him up.
    b. Yes, but a friend should go with him.
    c. No, he will probably get sick on the way home.
    d. No, cold showers and coffee would not sober him up.

6. In the situation described above, what would be a good alternative for Tom's dad?

7. Something is called a drug because of the way it affects your body. What kind of drug is alcohol?

    a. A stimulant.
    b. A depressant.
    c. A non-narcotic analagesic.
    d. It is not a drug.

8. Name four possible legal consequences of misusing drugs.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

9. You are worried about your best friends, John and Bob, because during the past few months they have been taking some pills that they bought from another kid at school. One day on the way home, they decide to play a game. They take turns standing out in the street to see who lets a car come closest before jumping out of the way. You refuse to play and they start calling you "chicken." You think about all the things you could do in this situation. What is this step in the decision-making process called?

   a. Deciding, Acting, and Evaluation.
   b. Looking at Risks and Results.
   c. Defining the Problem.
   d. Identifying Alternatives.

10. In the situation with John and Bob (above), you think about the danger of a car hitting you if you play the game. You also think about the possibility that John, Bob, and you might not remain friends if you do not play. What step in the decision-making process are you going through now?

   a. Deciding, Acting, and Evaluation.
   b. Looking at Risks and Results.
   c. Defining the Problem.
   d. Identifying Alternatives.

6: EVALUATION COMPONENT RESPONSES

1. changes the way the body or mind functions.
2. (c)
3. (b)
4. (d)
5. (d)
6. Accept any reasonable response.
7. (b)
8. arrests, fines, imprisonment, loss of driver's license, suspension and/or expulsion from school, police record, possible loss of job, possible denial of licensing for certain professions
9. (d)
10. (b)

LEVEL 7-8

GRADE 7

GOALS AND OBJECTIVES

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
7: English: A-1	287	English	Information	The student will demonstrate the ability to recognize the effects of substance use, misuse, and abuse.	Explore the effects of marijuana.	H/PE - 100 S - C26 LA.B-1 - 407
7: English: A-2	291	English	Information	(same as above)	Explore the effects of drugs on peer relationships.	H/PE - 100 S - C26 LA.B-1 - 407
7: English: B-1	293	English	Decision-Making	The student will demonstrate the ability to identify and describe the basic emotional needs of individuals.	List basic human emotions.	H/PE - 111
7: English: B-2	297	English	Decision-Making	(same as above)	Identify factors that affect self image.	H/PE - 111
7: Health: A-1	300	Health	Information	The student will demonstrate the ability to analyze reasons for substance use, misuse, and abuse in the community.	Analyze factors contributing to use or non-use of substances.	H/PE - C117
7: Health: A-2	303	Health	Information	The student will demonstrate the ability to recognize the effects of substance use, misuse, and abuse.	Explore the effects of drugs on general functioning.	H/PE - C100 S - C26

GOALS AND OBJECTIVES

GRADE 7

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
7: Health: B-1	308	Health	Decision-Making	The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.	Identify personal strengths and weaknesses.	H/PE - C118
7: Health: B-2	311	Health	Decision-Making	The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.	Explore alternative leisure activities taking into consideration personal strengths, likes, and dislikes.	H/PE - C118
7: Science: A-1	314	Life Sciences	Information	The student will demonstrate the ability to analyze patterns leading to substance use, misuse, and abuse in the community.	Identify the warning signs of alcohol abuse.	H/PE - C117 S - C26
7: Science: A-2	320	Life Sciences	Information	(same as above)	Identify the stages of alcoholism.	H/PE - C117
7: Science: B-1	328	Life Sciences	Decision-Making	The student will demonstrate the ability to identify and describe the basic emotional needs of individuals.	Provide examples of self-enhancing and self-destructive behaviors.	H/PE - 111
7: Science: B-2	330	Life Sciences	Decision-Making	The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.	Examine the relationship between stress and drug use, misuse, and abuse.	H/PE - C118

Goal: The student will demonstrate the ability to recognize the effects of substance use, misuse, and abuse.

Objective: Explore the effects of marijuana.

Learning Concept Information

Vocabulary: marijuana; pot; substance use, misuse, abuse

Academic Focus: English

RESOURCES:

Handout:
"Party Pooper"

ACTIVITY

1. Ask: "What is marijuana?" (See Appendix A, pages 26-28 for additional information.) "What are common slang terms for marijuana?" Explain that the following activity examines the effects of marijuana.
2. Distribute the handout, "Party Pooper." Have the students read aloud.
3. Discuss the following points:
    a. How did Tom get started on pot?
    b. Why do you think he accepted the joint from his friend?
    c. What did he discover about smoking pot that led him to smoke it again and again?
    d. By the time he reached 9th grade, what kinds of things did Tom do to feel good?
    e. What kinds of friends did Tom have?
    f. How did Tom's parents and the school actually help him to use drugs?
    g. If Tom now had it all to do over again, do you think he'd do the same thing? Why or why not?
4. Have the students write a short ending to the story, starting with Tom getting out of the hospital.

Adapted from SAPÉ, Substance Abuse Prevention Education, A Program of the Louisiana Department of Education.

PARTY POOPER

When Tom Scott was in the 7th grade, a friend of his invited him to a birthday party at his house, only a mile from Tom's. Tom agreed to meet his friend there that evening, and after his mother dropped him off, he entered his friend's home with expectations of a fun evening ahead. Many of his friends were present and Tom talked to a few of them for awhile. Soon he wandered outside in the backyard where another group of friends was laughing and seemed to be having a good time.

"Here, Tom," his birthday friend called to him. "Have a puff of this and you'll feel great." The friend grabbed the smoking cigarette from someone nearby and held it out for Tom to take.

"I don't smoke," Tom replied. "My dad would kill me if he found out." "He won't find out," the friend promised. "No one here will rat on you. Our parents wouldn't like it either. We're all in this together, aren't we boys," he chuckled, holding out the cigarette again. Everyone nodded, agreeing.

"That doesn't smell like tobacco," Tom stated, edging closer. "It's pot, Tom, and you'd better hurry up with your drag. That's expensive smoke just going to waste."

Tom accepted the joint and smoked it as his friends told him to. After he had taken several drags, sharing the joint with friends, he felt high, and "mellowed out" as one of his other friends called it. The taste of the smoke wasn't all that great, but, he was told, "you'll learn to like it in time."

And learn to to like it he did. Through the 7th, and then the 8th grades Tom got together with friends to smoke pot about once a month. The stuff was expensive, but by pooling their allowances, they could buy a lid from the neighborhood dealers -- usually high school boys into heavier use. "Just a little bit every now and then won't hurt," Tom and his friends often told themselves. They enjoyed smoking pot, listening to music, and maybe even drinking a little beer from time to time. It was fun -- sneaking and kind of grown-up -- and besides, they liked the feeling that pot gave them. The summer before he started 9th grade, Tom found himself wanting to get together with his friends more and more to smoke pot. They'd all gotten allowance raises, were too young to to hold down jobs, and had nothing but time on their hands to galavant, drink and smoke. How good it was, he thought, just to be with friends, pass a joint around, talk, drink a beer or two, and listen to music. And so Tom and his friends passed the summer, getting high about two or three times a week.

During his 9th grade year, Tom's parents noticed him changing drastically. He didn't want to do anything with them anymore, nor did he speak to them respectfully. His grades fell, he got angry at teachers more often, and seemed to be a walking volcano; except when he was high! Then, he could sit through any class and listen to anything his parents told him; it didn't matter when he was high. "Guess he's just growing up," his dad explained, and Tom loved the freedoms they gave him -- no supervision, an increase in his weekly allowance, and access to the liquor cabinet. Tom dropped out of band, out of all sports, and devoted more time to his friends, getting high as often as possible, sometimes two or three times a day.

Getting high became a way of life. After almost flunking out of the 9th grade, he was passed on to the 10th, and he spent that summer popping pills, drinking, smoking grass, and even trying mushrooms. When he wasn't high on something, Tom felt bad -- angry, guilty, and worthless. Many people had told him he was bad, and since bad people did drugs, Tom did drugs. Everyone seemed to agree that he was a pain to live with -- except his user friends -- so he avoided everyone as much as possible, staying with his friends as often as he could. But then, late that summer came the big bust. Tom got caught dealing pot and pills -- the only way he could support his using habit -- and the judge told him to go in for treatment or else to reform school.

Tom's parents were desperate, and they sent him in to a drug/alcohol treatment center. There Tom stayed with others who were getting cleaned out, and he had a chance to take a good hard look at his life. He saw what drugs had done to him, and he knew he would die if he continued to use as he had done. But he also learned that he would never be able to use "just a little." Tom had so abused his mind and body that he would never again be able to use or enjoy even a little bit of alcohol without seriously hurting his chances of staying sober.

"Where did it all start?" he asked himself as he lay in his hospital bed, grateful that the was not in prison. He coughed deeply, for his lungs were nearly burned out from hot, marijuana smoke, and wondered aloud: "When did I go wrong?" Tom thought of his friends, and realized that he had heard nothing from them since he had gone in to the hospital. "They'll just have to party without me," he decided at that moment, as a great peace came over him.

Goal: The student will demonstrate the ability to recognize the effects of substance use, misuse, and abuse.

Objective: Explore the effects of drugs on peer relationships.

Learning Concept Information

Vocabulary: peers

Academic Focus: English

RESOURCES:

Handout:
"Personal Factors Affecting Peer Relationships"

ACTIVITY

1. Introduce the activity by asking:
    a. In looking back over your past school life, what were some of your most difficult times with your peers?
    b. What made these difficult?
    c. How have these times affected your relationships with your peers now?
    d. Would you share one of those times with us, answering some of these questions?
2. Discuss how peer relationships affect the use or non-use of drugs. Include such factors as shyness, attention getting behavior, and social confidence in the discussion.
3. Distribute the handout: "Personal Factors Affecting Peer Relationships," and discuss.
4. Have the students choose one topic from the handout and write a paper (1 page) discussing their response.

Adapted from SAPÉ, Substance Abuse Prevention Education, A Program of the Louisiana Department of Education.

HANDOUT
7: English: A-2

PERSONAL FACTORS AFFECTING PEER RELATIONSHIPS

1. What makes it difficult to be friendly?
2. What is shyness?
3. What creates social confidence? Is social confidence good or bad?
4. What do students do to get attention from their peers?
5. What kinds of students do you admire?
6. What is the difference between friendliness and friendship?
7. What have you done to make this school a friendlier place to be?

Goal: The student will demonstrate the ability to identify and describe the basic emotional needs of individuals.

Objective: List basic human emotions.

Learning Concept Decision-making

Vocabulary: emotions, communicate

Academic Focus: English

RESOURCES:

Handout:
"Emotions"

ACTIVITY

1. Explain to class that EMOTIONS are feelings. We use the wide range of feeling words to describe the vast array of emotions all people experience at one time or another. Tell students that we can only understand ourselves when we know how we are really feeling and that accurate feeling words can help us to do that.

2. Write on board: EMOTIONAL ROLLERCOASTER. Ask, "Has anyone ever felt like they were on an "Emotional Rollercoaster? What is that feeling like?"

   Explain that emotions can change from one time of day to another, from situation to situation. Sometimes emotions can change so often or so quickly that we may feel as if we're on an "Emotional Rollercoaster."

3. Distribute the handout, "Emotions." Ask students to think back over the week. Circle all the feeling words that describe emotions they experienced during the past week. Ask, "What are some emotions commonly experienced by members in this class?" Write answers on the board.

4. Ask students, "How do we communicate our emotions--our feelings?" Stress both verbally (what we say) and behavioral methods (what we do). State, "Sometimes we don't communicate our feelings or emotions to others in an

RESOURCES:

ACTIVITY

accurate and honest way. What might be some reasons this happens? How can we improve the way we communicate our feelings and emotions to others?"

Handout:
"Letter From A Child"

6. Distribute handout, "Letter From a Child." Ask the students to read the letter. Discuss the communication problems in this letter by using the following questions:

   - What was the problem?
   - What got in the way of communication in this home?
   - How do you think the parents feel about what has happened?
   - How do you think the child feels about what has happened?
   - Using what you know about decision-making, name two other possible ways to settle the problem.
   - How could they have communicated better with each other?
   - Name another situation where communication sometimes fails.
   - Why do you think parents see things differently from their children?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
7: English: B-1

EMOTIONS

HAPPY	SAD	ANGRY	SCARED	CONFUSED
Joyful	Depressed	Annoyed	Worried	Bewildered
Keyed-up	Downcast	Furious	Terrified	Trapped
Thrilled	Disappointed	Irritated	Trembly	Troubled
Hyper	Gloomy	Enraged	Cowardly	Spaced-out
Pleased	Lost	Offended	Uneasy	Lost
Excited	Quiet	Irate	Embarrassed	Out-of-it
Cheerful	Hurt	Bitter	Nervous	Disorganized
Comfortable	Dark	Teed-off	Uptight	Foggy
Ecstatic	Left-out	Boiling	Insecure	Misplaced
Light-hearted	Cheerless	Seething	Anxious	Mixed-up
Fired-up	Dejected	Upset	Petrified	Unsure
Sparkling	Dreary	Mad	Jittery	Puzzled
Delighted	Hopeless	Agitated	Afraid	Bothered
Joking	Empty	Hot		Uncomfortable
Good	Sorrowful	Touchy		Undecided
Warm	Out of sorts	Disgusted		
Relieved	Crushed	Put out		
Silly	Discontented	Uptight		
Contented	Heart-broken	Dismayed		
Glad	Down	Jealous		
Satisfied	Upset	Frustrated		
Fine	Blue			

Dear Folks, Thank you

Letter From a Child

HANDOUT 7: English: B-1

Read the following letter.

Dear Folks:

Thank you for everything, but I am going to Chicago and attempt to start some new kind of life.

You asked me why I did those things - shoplifting, breaking street lights, and painting the neighbors mailbox red with purple dots. Why did I give you so much trouble? The police came to out house three times this past year! The answer is easy for me to give you, but I wonder if you will understand.

You gave me some great presents for Christmas, my birthday, and at other times. I really enjoyed them, but what I really wanted was for you to listen to me. I felt things that I wanted you to know about but you were always busy. Mom, you had your job and your clubs. Dad, you were almost always at your job or out somewhere.

I think a lot of the kids that are doing things that parents don't like are really looking for someone that will have time to listen to them for a few minutes. Someone who would treat them as they would a person who might be helpful to them - you know - polite to them. If you had ever said, "Pardon me," when you interrupted me, I would have dropped dead.

If anyone should happen to ask about me, tell them that I have gone looking for someone with time, because I have a lot of things that I want to talk about.

Love,

Your Child

Goal: The student will demonstrate the ability to identify and describe the basic emotional needs of individuals.

Objective: Identify factors that affect self-image.

Learning Concept Decision-making

Vocabulary: self-knowledge, self-image, identity

Academic Focus: English

RESOURCES:	ACTIVITY
Handout: "As I Know Me"	1. Write on board SELF-KNOWLEDGE. Ask students to define what they think this word means. Tell students that many factors help us to KNOW ABOUT OURSELVES-- who we are, what our identity is. These factors we call our SELF-IMAGE: How we see ourselves; how we feel about ourselves. For example, factors which help to determine our self-image include: our physical appearance our personal traits our experiences influential people (parents, peers, etc.). 2. Discuss how each of these can contribute to our self-image. Hypothetically explore both positive and negative impacts on our self-image. 3. Distribute handout, "As I Know Me." Let students complete independently. Discuss as a group using the following questions: - What kinds of traits do you admire? - What kinds of traits do you dislike? - What kinds of things would you like to know about yourself? - How could you learn these things? - Who has been influential in your life?

RESOURCES:	ACTIVITY
	- In what way? - What did you learn new about yourself after completing this exercise?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
7: English: B-2

AS I KNOW ME

1. List three traits you admire in other people.

2. List three traits you dislike in other poeple.

3. Circle the above traits that you possess.

4. List three things you would like to know about yourself.

5. Next to each of the things listed in #4, write one way you could go about learning it.

6. List two people who influenced you most during the first half of your life.

7. List two people who influenced you most during the last half of your life.

8. List the four people who influence you most now.

9. Write a sentence or two that tells how different things have caused you to be the way you are.

Goal: The student will demonstrate the ability to analyze reasons for substance use, misuse, and abuse in the community.

Objective: Analyze factors contributing to use or non-use of substances.

Learning Concept Information

Vocabulary: physical and psychological dependence, tolerance

Academic Focus: Health

RESOURCES:

ACTIVITY

1. Discuss reasons for drug use or abuse. List on board. The list may include:
   curiosity
   peer pressure
   insecurity
   boredom
   escape
   religious purposes
   rebellion against authority
   failure
   relaxation
   dependency
   social activity
   to calm down
   headache
   irritability.
   Challenge students to consider whether reasons discussed hold true in light of their own experience, or the experiences of others they know.

2. Discuss reasons for not experimenting with or abusing drugs. These may include:
   a. Having seen physical and mental results of drug abuse;
   b. Enjoying athletics;

RESOURCES:

ACTIVITY

   c. Knowing the effects on family life when one member uses drugs;
   d. Enjoying life without drugs;
   e. Having religious beliefs;
   f. Fearing unknown physical effects on self and/or unborn child;
   g. Being aware of the legal aspects (a police record might cause future problems);
   h. Not being sure of drugs containing unknown and lethal substances;
   i. Wanting to be natural, alert, and totally free from drugs;
   j. Being self-confident;
   k. Enjoying other activities.

3. Explain that drugs are used and misused for physical, emotional, and social reasons. Go over list of reasons and determine if each is physical, emotional, or social. Some reasons may fit more than one category.

4. Introduce the terms physical and psychological dependence. When we perform actions, we often set up a dependency that compels us to act in a certain way for certain reasons. Dependencies can be harmless -- or life-threatening. They can be psychological and/or physical. For example, if you need a drug to make you feel better emotionally, you may be psychologically dependent. When the drug is unavailable, the user may feel ill at ease or irritable. People who get "hooked" on some drugs, like heroin, have a physical dependence in addition to their psychological dependence. Their minds want the drug and their bodies are so used to the drug that they must have constant doses to operate "normally." If they cannot get the drug, various physical problems, called withdrawal symptoms, develop. Tolerance develops when a user's body gets used to certain drugs. Then he/she must take larger and larger doses to get the same effect each time. Two people may use drugs for the same reasons. However, why one may become dependent and the other does not, is still unknown.

Handout:
"Reasons That
Drugs are Used
or Abused"

5. Distribute the handout, "Reasons That Drugs are Used or Abused." Ask students to choose one of the points in the handout and defend or disagree with it in a short paper.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
7: Health: A-1

REASONS THAT DRUGS ARE USED OR ABUSED

a. Drugs are used/misused/abused for physical reasons; dieting, controlling pain, getting to sleep, staying awake.

b. Drugs may be a temporary escape from reality.

c. In some groups, drug use is seen as necessary for peer acceptance.

d. Advertising teaches that drugs are an easy way of solving problems and relieving pressure.

e. Drugs are used as substitutes when basic human needs are not met.

f. There is little knowledge about or encouragement of positive forms of relaxation and entertainment in our society.

g. Drugs are widely available in all communities.

h. This is a drug-centered culture; social pressure encourages drug use.

i. Loneliness, boredom, or depression can encourage people to rely on drugs to feel good or "pass the time."

j. Low self-esteem can lead to drug abuse and other self-destructive forms of behavior.

Goal: The student will demonstrate the ability to recognize the effects of substance use, misuse, and abuse.

Objective: Explore the effects of drugs on general functioning.

Learning Concept Information

Vocabulary: apathy, chemical substances

Academic Focus: Health

RESOURCES:

ACTIVITY

1. Explain that drug use adversely affects all areas of one's life. Lead a discussion on the ways in which drug use affects different areas of functioning. Include the following information:
   a. Effects on physical health:
      - accidents or near accidents
      - overdoses
      - burnt out feeling
      - hangovers
      - not enough or too much sleep
      - withdrawal symptoms
      - unable to work or have fun because of being high or hung over
      - changes in appearance (weight loss, gain, etc.)
   b. Effects on family
      - family arguments or physical fights relating to your drug use
      - not participating in family activities
      - loss of parents' rule
      - not following family rules
      - running away
   c. Effects on social life
      - dropping straight friends and activities

RESOURCES:	**ACTIVITY**
	- social life revolving around using, buying or selling chemical substances - your chemical substance becomes your best friend d. Effects on school - skipping to get high - getting high in school - getting caught with drugs in school - fights with teachers - getting suspended - apathy (not caring about doing well in school) e. Effects on work - getting high at work - calling in sick when you feel burnt or hungover - getting caught with chemical substances at work - getting fired because of a chemically related incident f. Financial effects - how much money did you spend on chemical substances? - did you spend your money on chemical substances rather than on other things you may have enjoyed equally well? g. Legal effects - committing crimes (whether or not you got caught) - possession - selling - driving while intoxicated - curfew violation - running away - absences from school - burglaries and robberies - parents declaring incorrigibility h. Sexual effects - getting looser than you wanted to because you were high - not remembering who you were with or what you did - having sex for chemicals i. Effects on thinking and feeling - blackouts - loss of memory - confusion - poor judgment

RESOURCES:

ACTIVITY

  - isolating yourself
  - thoughts of suicide, suicide attempts
  - low self-esteem (not liking yourself)

j. Moral effects (morals are your beliefs about what is right and wrong)
  - if you believe it's wrong to lie and you lie
  - if you believe it's wrong to steal and you steal
  - if you've done things while you were high that you feel guilty about.

Handout:
"Drug Behaviors"

2. Distribute the handout, "Drug Behaviors." Ask students to match the behavior with the area affected by drug use. Several behaviors may match each area. Discuss their responses.

Adapted from SAPÉ, Substance Abuse Prevention Education, A Program of the Louisiana Department of Education.

HANDOUT
7: Health: A-2

DRUG BEHAVIORS

Match each behavior listed below with the corresponding area affected by drug use by placing the letter of the area next to the behavior. More than one behavior may match each area.

BEHAVIOR

1. ______ Thoughts of suicide.
2. ______ Committing burglaries and robberies.
3. ______ Caught with drugs at work.
4. ______ Hangovers.
5. ______ Dropping straight friends.
6. ______ Depression.
7. ______ Overdoses.
8. ______ Poor grades.
9. ______ Driving while intoxicated.
10. ______ Dropping out of sports.
11. ______ Spending all your money on drugs.
12. ______ Feelings of guilt over things done while high.
13. ______ Refusing to participate in family outings.
14. ______ Isolation from friends.
15. ______ Having sex for drugs.
16. ______ Arguing with parents.
17. ______ Basing decisions to go to a party on whether or not drugs will be available.

AFFECTED AREA

(A) Physical Health
(B) Family Life
(C) Social Life
(D) School
(E) Work
(F) Finances
(G) Legal Issues
(H) Sexual Issues
(I) Thinking and Feeling
(J) Moral Issues

TEACHER AID
7: Health: A-2

DRUG BEHAVIORS KEY

BEHAVIOR

1. I Thoughts of suicide.
2. G Committing burglaries and robberies.
3. E Caught with drugs at work.
4. A Hangovers.
5. C Dropping straight friends.
6. I Depression.
7. A Overdoses.
8. D Poor grades.
9. G Driving while intoxicated.
10. C Dropping out of sports.
11. F Spending all your money on drugs.
12. J Feelings of guilt over things done while high.
13. B Refusing to participate in family outings.
14. C Isolation from friends.
15. H Having sex for drugs.
16. B Arguing with parents.
17. C Basing decisions to go to a party on whether or not drugs will be available.

AFFECTED AREA

(A) Physical Health
(B) Family Life
(C) Social Life
(D) School
(E) Work
(F) Finances
(G) Legal Issues
(H) Sexual Issues
(I) Thinking and Feeling
(J) Moral Issues

Goal: The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.

Objective: Identify personal strengths and weaknesses.

Learning Concept Decision-making

Vocabulary: strengths, weaknesses

Academic Focus: Health

RESOURCES:

Need:
1. Plain paper
2. Gummed stickers (enough for each student to have 5)

ACTIVITY

1. Ask students to define "self-concept." Include: your feelings about yourself, your beliefs about yourself, and your attitudes about yourself. Explain that self-concept enters into decisions to use drugs. Drug use, misuse, and abuse is more common among people who have poor self-concepts.

2. Explain that a person's self-concept is learned from many sources.
   - Our parents give us information about ourselves.
   - Experiences that provide successes and failures give us additional information about ourselves.
   - Other people tell us things about ourselves.

3. Tell students that one aspect of our self-concept is our STRENGTHS (ones we perceive and ones others perceive in us). Ask students to name words that describe STRENGTHS people have (e.g., good in writing, kind to animals, understanding). Write these on the board.

4. Divide students into groups of six. Give each student five large gummed stickers. (Do not remove the backing from the sticker until later). Tell the students to write the name of each person in the group on an individual sticker. Tell them to think of one strength for each person in the group. They should write one strength on the sticker for each person.

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RESOURCES:

ACTIVITY

5. Then ask each student to write his or her own name on the top of a sheet of paper. Tell students that they are going to share strengths. One person begins in the following manner:

   - Turn to the person on your left. Take that person's paper. Take the sticker you wrote for that person, remove the protective backing from the sticker, and put it on the paper. Say to that person, "Joe, the strength I see in you is ________________________."
   - Then hand the paper to the person on your right. That person should take the sticker he or she wrote for Joe and put it on the paper. Then she or he should say, "Joe, the strength I see in you is ________________________."
   - Continue until everyone in the group has given a sticker to Joe. Repeat this process for everyone in the group.
   - Students may keep the strength sheets.

6. Tell students, "Others have identified strengths they see in you. It's also important to understand one's own weaknesses because everyone can continue to improve their weak areas." Ask students to define SUCCESS and FAILURE. Ask students to suggest times when they have felt successful.

Handout:
"Planning for
Success"

7. Distribute the handout, "Planning for Success." Tell students that as a homework assignment they are going to focus on some successess and failures they have had and make plans for a new success. Ask students to complete the blanks on the handout. Encourage students to give some thought to their answers before responding.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
7: Health: B-1

PLANNING FOR SUCCESS

What was my biggest success?	What is a failure I´ve had?
What have I done to help someone?	What is something I am proud of?
What is something that I´ve had to do and that I haven´t enjoyed?	What is something new I would like to do?

Focus on the last box. Think about something new you would like to do. List five steps you could take to achieve this goal.

1.____

2.____

3.____

4.____

5.____

Goal: The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.

Objective: Explore alternative leisure activities taking into consideration personal strengths, likes, and dislikes.

Learning Concept Decision-making

Vocabulary: alternative

Academic Focus: Health

RESOURCES:	**ACTIVITY**
Handout: "These Are a Few of My Favorite Things"	1. Tell the students: "Some of the reasons people experiment with drugs are: boredom, lack of close relationships, and lack of other activities to occupy their time. Today, we're going to look at a number of alternative activities one could participate in rather than using drugs." 2. Ask students, working individually, to complete the handout, "These Are a Few of My Favorite Things." They will be listing things they like to do best. Stress that the handout is for their personal use, and will not be collected or graded. 3. Discuss and complete a class list of some readily available things to do or places to go. 4. When students have completed the handout, you may want to ask them the following questions: - Are you doing the things you would like to do? - How recently have you done each of the ten items you have listed? - Are you a person who likes to be with people or are you a loner? Look at your column labeled (P). - Take each one of the (*) items and consider what's in it for you - its meaning

RESOURCES:	ACTIVITY

or value in your life. Which of your basic needs does it satisfy?

- Based on your answers, are you the person you would like to be? If not, what are some ways you can change?

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse

HANDOUT
7: Health: B-2

THESE ARE A FEW OF MY FAVORITE THINGS

This exercise will help you look at yourself. This is not a test; your paper will not be collected; and you need not show it to anyone.

STEP 1. On the chart below, list 10 things you like best to do.

	THE THINGS I LIKE TO DO BEST	*	$	P	✓	DATE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

STEP 2. In the first column with the star at the top, put a star (*) next to the five top favorites on the "best" list.

STEP 3. In the second column write a dollar ($) sign next to the things costing more than $3 every time you do them.

STEP 4. In the third column write (P) in front of the things you do with other people.

STEP 5. In the fourth column check (✓) the things that you feel are important for the person you like best to have on his/her list.

STEP 6. In the last column, put the date of the last time you did the thing listed.

Goal: The student will demonstrate the ability to analyze patterns leading to substance use, misuse, and abuse in the community.

Objective: Identify the warning signs of alcohol abuse.

Learning Concept Information

Vocabulary: dependence

Academic Focus: Life Sciences

RESOURCES:

Handout:
"Early Warning
Signs of
Alcoholism"

ACTIVITY

1. Define and discuss the term dependence. Tell students that there are "warning signs" that suggest potential for alcohol dependency. Problem-drinking, drinking which causes problems for the drinker or for other people, may develop into alcoholism, although this does not always happen.

2. Distribute the handout: "Early Warning Signs of Alcoholism," and have the students read it silently. Make a list on the board of the warning signs presented in the handout. The list should include:

   blackouts, memory lapses
   sneaking drinks
   making excuses
   drinking first thing in the morning
   car accidents
   drinking alone
   becoming anti-social
   drinking to cope with problems
   going to school or work intoxicated
   getting into arguments or fights when drinking.

RESOURCES:

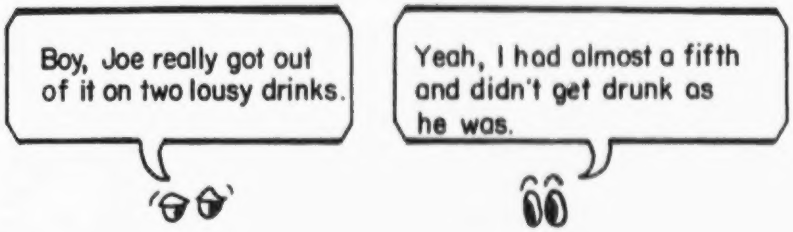
ACTIVITY

3. Discuss the warning signs in terms of effect on self, effect on others, and possible consequences.

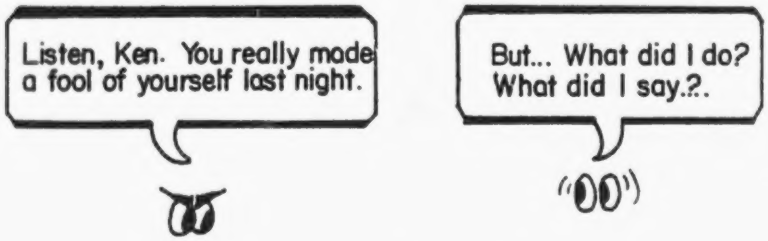
Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
7: Science: A-1

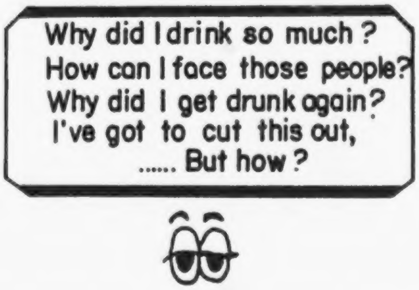
EARLY WARNING SIGNS OF ALCOHOLISM


Boy, Joe really got out of it on two lousy drinks.
Yeah, I had almost a fifth and didn't get drunk as he was.

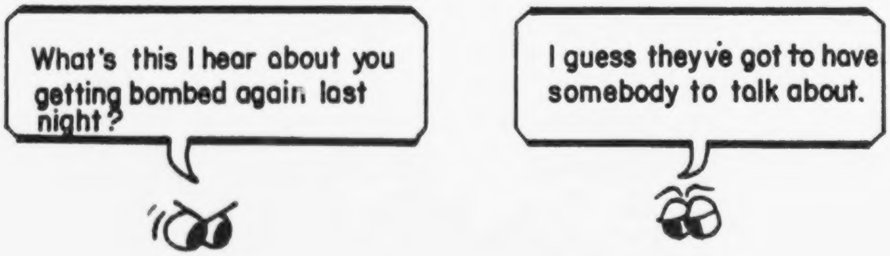
- Unusually high tolerance to alcohol...


Listen, Ken. You really made a fool of yourself last night.
But... What did I do? What did I say.?.

- Lapse of memory when drinking

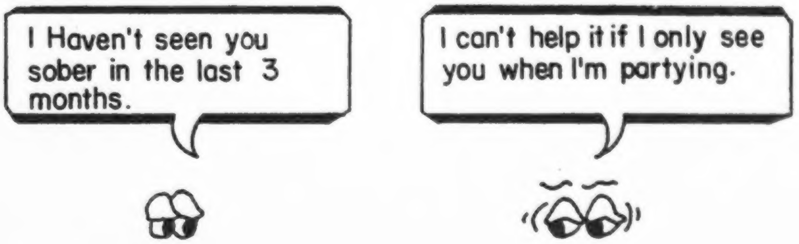

Why did I drink so much? How can I face those people? Why did I get drunk again? I've got to cut this out, ... But how?

- Guilt or remorse after drinking

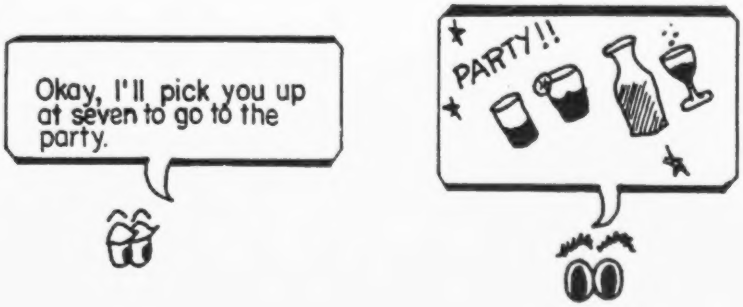

What's this I hear about you getting bombed again last night?
I guess theyve got to have somebody to talk about.

- Reputation affected by drinking....

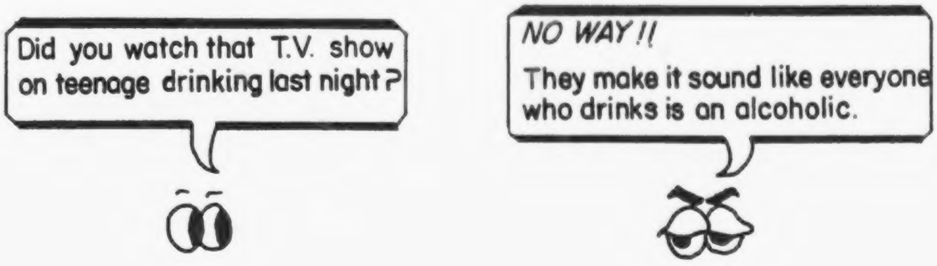
HANDOUT 7: Science: A-1


I Haven't seen you sober in the last 3 months.
I can't help it if I only see you when I'm partying.

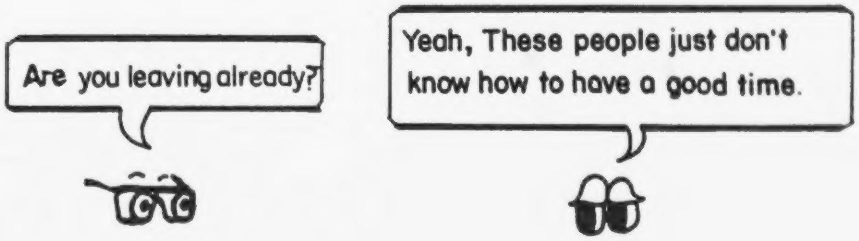
- Frequent drunkeness.....


Okay, I'll pick you up at seven to go to the party.
PARTY!!

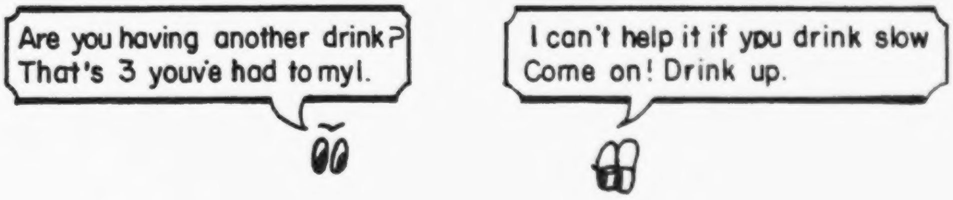
- Preoccupation with drinking.....


Did you watch that T.V. show on teenage drinking last night?
NO WAY!! They make it sound like everyone who drinks is an alcoholic.

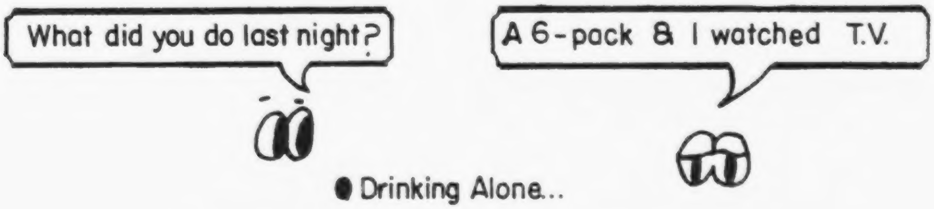
- Uncomfortable when drinking is discussed....


Are you leaving already?
Yeah, These people just don't know how to have a good time.

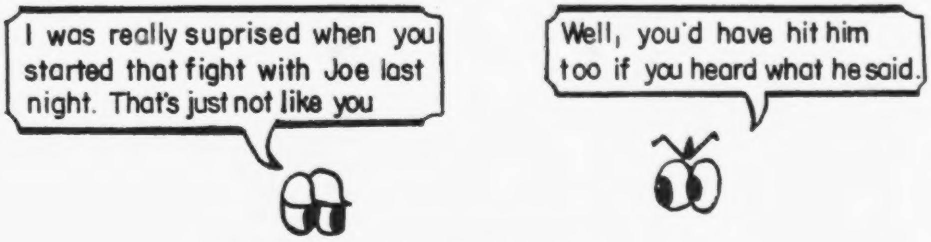
- Uncomfortable when liquor is not served.....


Are you having another drink? That's 3 youve had to myl.
I can't help it if you drink slow Come on! Drink up.

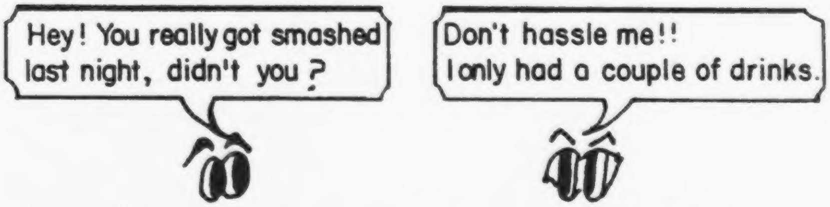
- Gulping drinks


What did you do last night?
A 6-pack & I watched T.V.

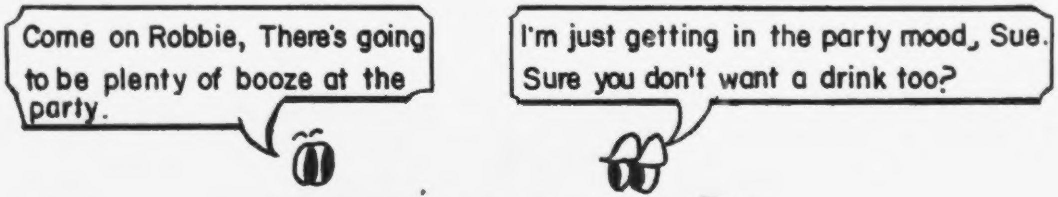
- Drinking Alone...


I was really suprised when you started that fight with Joe last night. That's just not like you
Well, you'd have hit him too if you heard what he said.

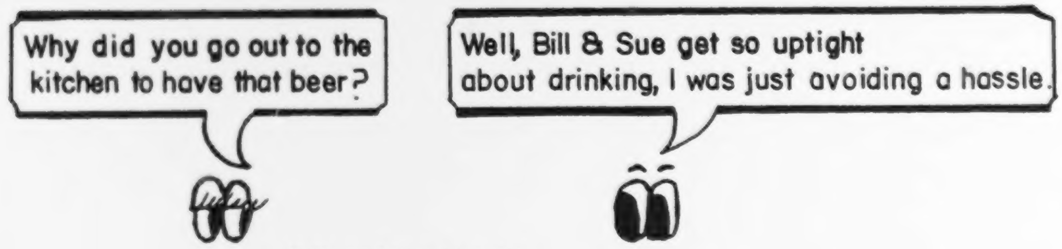
- Marked personality change....


Hey! You really got smashed last night, didn't you?
Don't hassle me!! I only had a couple of drinks.

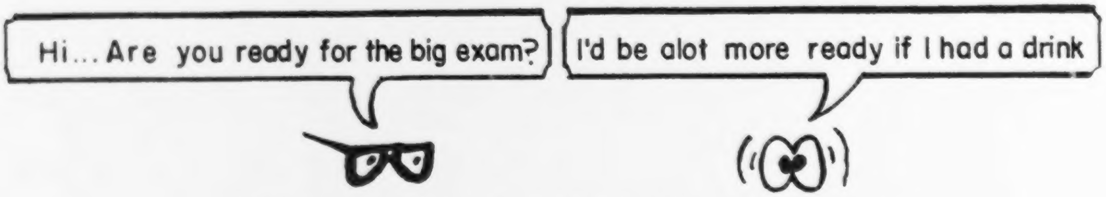
- Lying about or minimizing amount of drinking...


Come on Robbie, There's going to be plenty of booze at the party.
I'm just getting in the party mood, Sue. Sure you don't want a drink too?

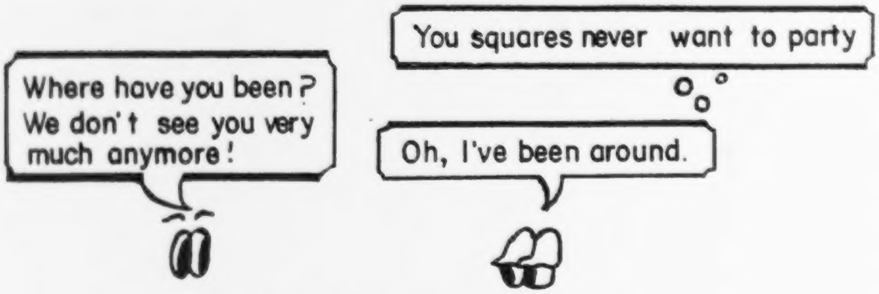
- **Pre-drinking drinking....**


Why did you go out to the kitchen to have that beer?
Well, Bill & Sue get so uptight about drinking, I was just avoiding a hassle.

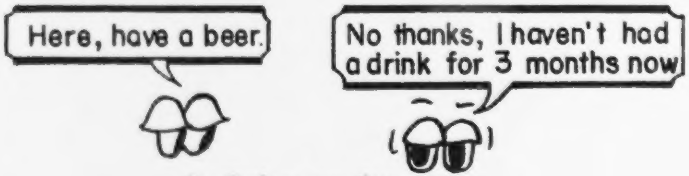
- Sneaking drinks...


Hi... Are you ready for the big exam?
I'd be alot more ready if I had a drink

- Pattern of needing a drink in stress situations....


You squares never want to party
Where have you been? We don't see you very much anymore!
Oh, I've been around.

- Changing to friends who drink more.....


Here, have a beer.
No thanks, I haven't had a drink for 3 months now

- Going on the wagon....

Goal: The student will demonstrate the ability to analyze patterns leading to substance use, misuse, and abuse in the community.

Objective: Identify the stages of alcoholism.

Learning Concept Information

Vocabulary: alcoholism

Academic Focus: Life Sciences

RESOURCES:	**ACTIVITY**
Handout: "Questions About Problem Drinking and Alcoholism"	1. Distribute the handout: "Questions About Problem Drinking and Alcoholism," and ask students to complete. Review the questions. Points to bring out include: Question 1 - (T) Alcoholics cannot predict what will happen when they drink. They can't drink socially. Question 2 - (T) Many social and personal problems may develop for the alcoholic because of his/her drinking patterns. These problems may not always be evident to those not closely related with the alcoholic. Question 3 - (F) Alcohol is alcohol. Why you drink and what happens when you drink are better signs of whether you have an alcohol problem than what or how often you drink. Question 4 - (T) Some alcoholics can stop drinking for a week or can go through the major part of a day - everyday - without drinking. But once the evening or weekend arrives, they must drink until they get drunk. Of the over 10 million alcoholics in the United States, over 70 percent hold jobs and live with their families. Question 5 - (F) It is estimated that there may be over two million female alcoholics.

RESOURCES:

ACTIVITY

Question 6 - (F) Many alcoholics refuse to admit they are alcoholics. They see themselves as "someone who enjoys a drink now and then" or as "able to quit any time, if I really want to." In reality, they are suffering from a very serious illness. They have lost control over their drinking, and for them, giving up alcohol is extremely difficult. Their decision-making power is actually lost, and they need help.

Question 7 - (F) Only 5 percent of alcoholics wind up as bums, but their power to control their lives may be lessened in a variety of other destructive ways.

Question 8 - (T) Alcohol creates by far the most serious drug dependency problem in the United States - among the population as a whole and among teenagers as well.

Question 9 - (F) There are a number of resources available to help alcoholics. Alcoholics Anonymous helps the alcoholic make and maintain a decision not to drink through the support of other recovering alcoholics. Treatment is available in which a trained counselor or psychologist can help the alcoholic work through his/her problems.

Question 10 - (T) There are two kinds of people who drink too much -- problem drinkers and alcoholics. Problem drinkers may not necessarily drink constantly, and they can control their drinking if they want to. Alcoholics, however, cannot predict what will happen when they drink.

Note: A problem drinker is usually described as someone who drinks very heavily on a regular basis and has suffered at least one serious drinking-related problem in an important area of life. An alcoholic differs from the problem drinker primarily in that he/she cannot consistently choose whether or not to drink and once begun cannot consistently choose when to stop. Research indicates that a significant proportion of problem drinkers eventually do become alcoholics.

Handout:
"Some Assumptions About Alcoholism"

2. Distribute handout: "Some Assumptions About Alcoholism," and discuss with the class. Explain that alcohol is not the only drug that can cause serious problems. Ask students to define what they think of when we talk about having a habit. (Answers may include "doing it regularly," "doing it without thinking about it.")

RESOURCES:

ACTIVITY

Then ask what it means to depend on something or someone. (Answers may include that you need that thing or person, or that you expect to be able to rely on it/them.)

3. Discuss what happens when physiological drug habituation or dependency occurs. The discussion should bring out the following points:
   a. In cases of physiological or physical dependency, the body readjusts itself so that the drug is needed for normal functioning. Usually tolerance is also developed, so that larger and larger quantities are required.
   b. Sudden withdrawal of the drug can cause a variety of withdrawal symptoms as the body attempts to readjust itself to functioning without the drug.
   c. Serious physiological dependency is commonly known as addiction. Narcotic drugs (including heroin and morphine) are highly addictive, as are a variety of other drugs.

4. Discuss other kinds of habituation or dependency that can occur. The discussion should bring out the following points:
   a. When psychological dependency occurs, the person develops a need for the effect the drug produces. Even though withdrawal would not cause physical discomfort or withdrawal symptoms, the person is not able to face the idea of stopping the drug's use.
   b. Many commonly-used legal and illegal drugs are thought to create psychological dependency. These include amphetamines and marijuana.

5. Discuss healthy ways to cope with family alcoholism. Include the following Do's and Don't's (Adapted from Choosing for Yourself, Tallahassee, Florida):

   Do's:
   a. Remember you aren't the only one with an alcoholic parent.
   b. Use your talents in ways that interest you.
   c. Find someone other than a relative that you can confide in.
   d. Learn to forgive yourself and others -- you only hurt yourself by holding grudges.
   e. Think about the things you need to change about yourself from time to time, and discuss them with someone.
   f. Share your knowledge about alcoholism with others.
   g. Let alcoholics take care of their own responsibilities.

RESOURCES:	ACTIVITY

h. Remind yourself of the slogan, ONE DAY AT A TIME...forget about yesterday and don't worry about tomorrow.
i. Remember that even perfect children can't stop their parents from drinking.
j. When a situation is stressful, get away or do things to relax yourself.

Don't's:
a. Don't make it easy for alcoholics by covering up for them and taking on their responsibilities.
b. Don't try to make alcoholics stop drinking -- you can't -- only they can.
c. Don't argue with an active alcoholic.
d. Don't throw out or hide the alcoholic's liquor; they will only buy more.
e. Don't take it personally when alcoholics blame you for their problems.

Include in the discussion rationales for each suggestion and possible barriers for each. Refer to the list of resources available for helping alcoholics found in Appendix A, pages 71-73, and Appendix D.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse; Comprehensive Health Education Curriculum Guide, 1983, State of Louisiana, Department of Education; and Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
7: Science: A-2

QUESTIONS ABOUT PROBLEM DRINKING AND ALCOHOLISM

Answer true or false:	True	False
1. An alcoholic is someone who can't predict what will happen once he/she starts to drink.	○	○
2. An alcoholic is someone who has problems because of his or her drinking.	○	○
3. It's impossible for someone to become an alcoholic by drinking just beer.	○	○
4. Most alcoholics have jobs and live with their families.	○	○
5. Almost all alcoholics are men; there are very few women alcoholics.	○	○
6. Alcoholics are usually people who, if they wanted to could easily "pull themselves together" and stop drinking without outside help.	○	○
7. Most alcoholics are skid row bums.	○	○
8. There are many more alcoholics in this country than drug addicts.	○	○
9. Once people become alcoholics, it's too late to help them.	○	○
10. Problem drinkers can sometimes control whether they drink and how they drink; alcoholics usually cannot.	○	○

SOME ASSUMPTIONS ABOUT ALCOHOLISM

I. What is alcoholism?

A. Alcoholism is an illness in which a person increasingly loses control over drinking. The illness is progressive; that is, it is usually not recognized in its earliest stages, but becomes more and more evident as time goes on.

B. Alcoholics may have had emotional or psychological problems before becoming alcoholics, but not necessarily. Alcoholism can and does develop in normally well-adjusted people. Many of the emotional problems that alcoholics have develop as a result of having this abnormal reaction to alcohol.

C. Alcohol is physically addictive. Sudden withdrawal after a long period of high blood alcohol content can cause delirium tremens (DT's), characterized by shaking and nightmarish visions.

D. Alcoholism is linked to a number of other physiological and mental problems, because of the effects of prolonged drinking on the body. For example, cirrhosis of the liver can occur. If women drink during pregnancy, fetal alcohol syndrome can result, leading to abnormal development of the fetus.

II. Causes of alcoholism

A. The exact causes of alcoholism are still unclear. There is good evidence that children and relatives of alcoholics are more at risk to become alcoholics than the population at large. Alcoholism does tend to run in families.

B. There are three theories being explored about what causes alcoholism. Psychological theories hold that there is something in the personality of problem drinkers and alcoholics that causes them to drink. Biological theories hold that alcoholics may have or be missing some chemical in their bodies, which makes alcohol affect them differently from other people. Social theories look also at the society's attitudes toward drinking. In all probability, all three elements contribute.

III. Course of alcoholism

A. Pre-alcoholism

1. Gulps drinks
2. Drinks to escape
3. Makes excuses to drink more often
4. Has black-outs

HANDOUT
7: Science: A-2

B. Middle phase

   1. Loss of control over drinking

   2. Lies about drinking

   3. Feels a physical demand for alcohol

   4. More frequent black-outs

   5. Drinks alone

   6. Drinks to relieve hang-overs

C. Late or chronic phase

   1. Deterioration of the family

   2. Seizures

   3. Delirium tremens

   4. Hallucinations

   5. Liver damage

IV. Treatment of alcoholism

A. Alcoholics seldom recognize their need for treatment unless someone helps them realize it, in a way they can accept.

B. Most alcoholics can stop drinking for a while, but few can stay away from alcohol without help in the form of therapy. An illness is not controlled by will power alone.

C. As with other illnesses, the individual's desire to get well and access to treatment are the important factors in recovering from alcoholism.

D. Intervention programs

   1. Self-help groups

      a. Alcoholics Anonymous

      b. Al-Anon

      c. Alateen

   2. Local mental health agencies

   3. Local crisis intervention

   4. Local detoxification centers

5. Hospitals
6. Halfway houses
7. School support groups

Goal: The student will demonstrate the ability to identify and describe the basic emotional needs of individuals.

Objective: Provide examples of self-enhancing and self-destructive behaviors.

Learning Concept Decision-making

Vocabulary: self-enhancing, self-destructive, self-esteem

Academic Focus: Life Sciences

RESOURCES:

ACTIVITY

1. Review the factors influencing self-image from the previous activity (physical appearance, personal traits, experiences, influential people).

2. Explain that another factor influences our self-image or how we feel about ourselves--Our Decision-making Ability.

   Ask, "How does the way we make decisions affect how we feel about ourselves?" For example, poor decisions can make us feel bad about ourselves (avoiding decisions, hasty decisions, going along with the crowd when we do not agree). Effective decision-making enhances our self-image/self-esteem--how we feel about ourselves (developing a sense of accomplishment, people respect our judgement, reduces stress).

3. Generate a list of decisions that students make on a daily basis (e.g., time to get up, breakfast, what to wear, how to spend free time, who to talk to). Write on the board. Explain that some decisions, like the ones listed, take little time because they are simple, however, some decisions are more difficult. Often we avoid making a decision when it's difficult. Avoidance can lead to making a poor decision, increased stress, and a poor self-image.

RESOURCES:	ACTIVITY
	4. Ask students to think of dilemmas which required them to make a decision (e.g., study for a test, know friend is experimenting with drugs, attend party where marijuana will be available). List on board. Go back over the list and ask students to provide self-enhancing decisions (increases self-esteem) and self-defeating decisions (decreases self-esteem) for each dilemma. (Note: Avoidance is a solution and is generally self-defeating.) 5. Discuss the consequences on self-image/self-esteem of each decision suggested.

Goal: The student will demonstrate knowledge of alternatives to drug use, misuse, and abuse.

Objective: Examine the relationship between stress and drug use, misuse, and abuse.

Learning Concept Decision-making

Vocabulary: dilemma

Academic Focus: Life Sciences

RESOURCES:

Handout:
"Decision-making Dilemmas"

ACTIVITY

1. Explain that the desire to "be included" often creates stress. This is especially true if faced with the dilemma of giving in to peer pressure because of fear of being excluded when you do not agree with the behavior or decision.

2. Discuss what it means to be INCLUDED or EXCLUDED.

3. Distribute the handout, "Decision-making Dilemmas" and ask students to read it. Discuss the situations:
   - How typical are these problems?
   - What are Sally's alternatives? What could she say?
   - What are Jim's alternatives? What could he say?
   - What are Barbara's alternatives? What could she say or do?

4. Ask students to form small groups. Each group will write one paragraph that describes a further situation in which someone would like to find an alternative to the use of alcohol or other drugs in the situation.

5. Have the groups exchange situations, and suggest possible alternatives to the use of alcohol or other drugs in the situation.

RESOURCES:

ACTIVITY

6. Ask the groups to report their suggestions. Discuss: What are some ways to "say no" that won't alienate or anger others? Remind the students that turning down the chance to use a drug is their right.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse

DECISION-MAKING DILEMMAS

1. Sally does not like the taste of alcohol and does not enjoy the behavior of people who are drunk. Her friends enjoy drinking at parties and keep pressuring Sally to try different kinds of alcoholic beverages. Tonight, they are making punch with wine. Sally knows they will want her to try some.

2. Jim just got a part-time job as a sales clerk, after being unemployed for a while. Jim has had a drinking problem in the past, and he has decided not to drink any more. He has been invited to have dinner with his boss on Saturday night. The boss believes that drinking is a part of being a good salesman, and is sure to suggest cocktails before dinner.

3. Barbara is riding in a car with her friends. One of them starts to smoke marijuana and others join in. They ask Barbara to take her turn next. She has never smoked marijuana, and does not want to start, but does not want to seem "square."

EVALUATION COMPONENT

1. The slang words "grass, pot, and weed" refer to the drug ____________.
2. Self-image is how we see ourselves and how we feel about ourselves. Write a short paragraph describing what you have learned about your self-image as a result of these activities.
3. If you were trying to convince either your mother or your father to stop smoking, what would you say?
4. "Friends don't offer drugs to each other." Do you agree or disagree? Write a short statement that supports your position.

7: English

EVALUATION COMPONENT RESPONSES

1. Marijuana.
2. Paragraphs will vary.
3. Answers will vary.
4. Statements will vary.

EVALUATION COMPONENT

1. Of the individuals or groups listed below, who is most likely to have problems with alcohol?

   a. the poor
   b. the very rich
   c. low-skilled adults
   d. none is more likely than the other

2. All but which listed below is a symptom of physical dependence upon a drug?

   a. The body craves constant doses to operate "normally."
   b. Without the drug, the person begins to sweat and throw up.
   c. The person feels ill at ease or irritable when the drug is unavailable.
   d. The person is unable to function (hold hand still, complete a task) without another "fix."

3. Tolerance ____

   ____.

4. State three reasons why drugs are used or abused.

5. Drug use adversely affects all areas of one's life. List one possible adverse effect of drug use on each area of functioning listed below.

   a. Physical health____
   b. Family____
   c. Social life____
   d. School____
   e. Work____
   f. Financial____
   g. Legal____
   h. Sexual____
   i. Thinking and feeling____________________________________

6. One aspect of your self-concept is your strengths. Name three strengths you possess.

EVALUATION COMPONENT RESPONSES

1. (d)

2. (c)

3. Tolerance develops when a user's body gets used to certain drugs and must take larger and larger doses to get the same effect from the drug each time.

4. (See Handout 7: Health: A-1 for possible responses.)

5. Accept all reasonable responses. (See Activity 7: Health: A-2 for list of possible responses.)

6. Accept all positive responses.

EVALUATION COMPONENT

1. List five "warning signs" of alcoholism.

2. What is the difference between psychological drug addiction and physiological drug addiction?

3. Which is not true about alcoholism?

   a. Alcoholism tends to run in families.
   b. Alcohol is physically addictive and can cause withdrawal symptoms following prolonged use.
   c. Alcoholism is an illness in which a person increasingly loses control over drinking.
   d. All statements are true.

4. Joe occasionally cannot remember what happens when he has been drinking and he often forgets to eat while he is drinking. But he has never missed a day of work because of alcohol. Which of the choices most closely describes Joe?

   a. He is a social drinker.
   b. He has a drinking problem, but since he goes to work everyday, he is probably not an alcoholic.
   c. He has his drinking under control, there is no problem.
   d. He may be an alcoholic.

5. Susan, who is 13, has an uncle who is kind and thoughtful when he is sober, but he gets very mean when he gets drunk which is happening more and more often. Susan and her mother live alone and her uncle often comes over to "sleep it off." He has hit her mother and chased Susan out of the house several times. Susan is embarrassed and afraid to invite friends to her house. What would be a constructive way to approach this problem that would help everyone?

   a. She should talk to her mother about moving.
   b. The next time he comes over drunk she and her mother should talk to him about his problem.
   c. Susan and her mother might invite her uncle over when he is sober and make him aware of the problem.
   d. Susan and her mother should tell her uncle not to come over to the house at all.

6. If Susan's uncle agrees to seek help for his alcoholism, where could she recommend that he go for intervention/treatment?

7. Jill's best friend invited her to attend a party Friday night. Jill overheard Sam boast that he was going to bring marijuana to the same party. Jill has a dilemma to reslove and a decision to make.

   a. Define the problem for Jill.____________________________________

   b. Give an example of a self-enhancing decision she could make.

   ____

   c. Give an example of a self-defeating decision she could make.

   ____

8. The desire to be included often creates stress. This is especially true if faced with the dilemma of giving in to peer pressure because of fear of being excluded when you do not agree with the behavior or decision. List three possible ways to "say no" to drug use that will not alienate or anger others.

EVALUATION COMPONENT RESPONSES

1. blackouts, memory lapses, sneaking drinks, making excuses, drinking first thing in the morning, car accidents, drinking alone, becoming anti-social, drinking to cope with problems, going to school or work intoxicated, stealing to get alcohol, getting into fights or arguments when drinking

2. Psychological drug addiction is when the individual feels he or she "needs" the drug to function or feel a certain way, while physiological drug addiction is when the body readjusts itself so that the drug is needed in order for the body to function normally. If the body is denied the drug, it reacts in a violent manner which causes extreme physical discomfort to the individual.

3. (d)

4. (d)

5. (c)

6. Accept any appropriate referral source such as AA, minister, local mental health center, hospital, etc.

7. Possible problems: To go to the party or not; to tell her friend about the marijuana or not; to confront Sam or not.
   Accept any plausible decisions.

8. Accept all responses which indicate refusal.

LEVEL 7-8

GOALS AND OBJECTIVES

GRADE 8

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
8: English: A-1	343	English	Information	The student will demonstrate an understanding of the role of alcohol, tobacco, and other drugs in our society.	Analyze the media influences on societal attitudes regarding drug usage.	H/PE - C127
8: English: A-2	346	English	Information	The student will demonstrate knowledge of programs and facilities designed to help individuals with drug-related problems.	Formulate a list of individuals within the community to contact concerning drug-related problems or questions.	H/PE - 114; 126; 129
8: English: B-1	347	English	Decision-Making	The student will demonstrate the ability to explain factors associated with positive mental health.	Identify characteristics of the mentally healthy person.	H/PE - 92; 110
8: English: B-2	349	English	Decision-Making	(same as above)	Discuss the relationship between "drug free" and positive mental health.	H/PE - 92; 110
8: Health: A-1	350	Health	Information	The student will demonstrate knowledge of programs and facilities designed to help individuals with drug-related problems.	Identify symptoms of emotional problems related to substance abuse which might require professional help.	H/PE - 114; 126; 129

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
8: Health: A-2	352	Health	Information	(same as above)	List intervention programs for substance abuse problems.	H/PE - 114; 126; 129
8: Health: B-1	355	Health	Decision-Making	The student will demonstrate the ability to apply the decision-making process to drug use.	Describe the influences of moods and emotions on decision-making.	H/PE - 79
8: Health: B-2	358	Health	Decision-Making	(same as above)	Identify techniques to avoid the destructive influences of negative emotions on decision-making behavior.	H/PE - 79
8: Science: A-1	361	Earth Sciences	Information	The student will demonstrate an understanding of the role of alcohol, tobacco, and other drugs in our society.	Investigate the role of nicotine.	H/PE - C127
8: Science: A-2	363	Earth Sciences	Information	(same as above)	Investigate the role of caffeine.	H/PE - C127
8: Science: B-1	367	Earth Sciences	Decision-Making	The student will demonstrate the ability to apply the decision-making process to drug use.	Relate the use of the decision-making process to decisions involving alcohol and other drugs.	H/PE - 79

LEVEL 7-8

GOALS AND OBJECTIVES

GRADE 8

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
8: Science: B-2	368	Earth Sciences	Decision-Making	The student will demonstrate the ability to explain factors associated with positive mental health.	Illustrate the role of positive mental health in the decision-making process.	H/PE - 110

Goal: The student will demonstrate an understanding of the role of alcohol, tobacco, and other drugs in our society.

Objective: Analyze the media influences on societal attitudes regarding drug usage.

Learning Concept Information

Vocabulary: mass media, enhance, self image

Academic Focus: English

RESOURCES:

Collection of magazine ads for cigarettes, alcohol, over-the-counter drugs (students or teacher may provide)

ACTIVITY

1. State that mass media (television, films, magazines, radio, etc.) may influence a person's choice of using or not using drugs.

2. Discuss with the class the difference between advertising which provides information about how a product performs and advertising which suggests that use of a product will enhance self-image, increase material success, or provide happiness. Include influences which give a "do drugs" message such as:
   - inappropriate role models.
   - glamorous use of alcohol, tobacco, and other drugs.
   - misleading health information.
   - distorted perceptions of what is accepted in society.
   - appeals to values and emotions such as courage, security, personal appearance, luxury, success, and acceptance.

3. Display magazine ads for cigarettes, alcohol, and over-the-counter drugs and discuss them one by one. Are the ads providing factual information about the products, or is an appeal being made to self-image (such as feeling "happy," "normal," or one of the gang)? Analyze each of the ads in terms of the type of appeal, the presence of hidden messages, or value statements:

RESOURCES:	ACTIVITY
	a. Characterize the type of people used in these ads. b. What values do the ads seem to assume their readers have? c. Do people really have these values or are the advertisers trying to foster them? d. Which ads do the students think work most effectively in selling the product? Why?
Handout: "Media Drugs"	4. Distribute the handout, "Media Drugs." Have the students monitor a T.V. program or movie and then fill in the information on the handout. Have them bring the completed handout into class for discussion.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida; and Comprehensive Health Education Curriculum Guide, State of Louisiana, Department of Education.

HANDOUT
8: English: A-1

MEDIA DRUGS

Name of program ______________________________

Channel/Network ______________________________

Date ______________ Length of program (time) ______________

Number of times drugs are used:

Alcohol ______________________________

Tobacco ______________________________

Caffeine ______________________________

Other (List) ______________________________

____

____

____

Is the use of drugs necessary to the story line? Why or why not? ______

____

____

Who is using the drugs? ______________________________

Hero? ______________ Villain? ______________

What people are portrayed as non-users? ______________

____

____

Media messages: ______________________________

____

____

Bring to class for discussion.

555

Goal: The student will demonstrate knowledge of programs and facilities designed to help individuals with drug-related problems.

Objective: Formulate a list of individuals within the community to contact concerning drug-related problems or questions.

Learning Concept Information

Vocabulary: drug-related, psychologist, psychiatrist

Academic Focus: English

RESOURCES:	ACTIVITY
	1. Generate a list of individuals one could contact for help with drug-related problems. The list could include: - counselors - teachers - parents - psychologists - psychiatrists - family doctor - social workers - minister, priest, rabbi
	2. Discuss possible barriers to seeking help. The list could include: - embarrassment - cost - stigma attached - feeling no one would understand - denial of the problem - lack of money
Panel of community resource individuals	3. Invite a panel of speakers to discuss drug-related problems. Have students develop possible questions prior to the panel's scheduled visit. This panel could speak to all eighth graders or all English classes.
	4. Divide the students into committees. Assign one general helper category to each committee (for example: medical person, teacher, church leader). Ask each student to identify a specific person within their category by name, address, and phone, whom they could contact for help with drug-related questions or problems. Combine these people into a reference sheet for all the students in the class.

Goal: The student will demonstrate the ability to explain factors associated with positive mental health.

Objective: Identify characteristics of the mentally healthy person.

Learning Concept Decision-making

Vocabulary: mentally healthy, characteristics

Academic Focus: English

RESOURCES:

Handout:
"Mentally Healthy"

Current newspapers, magazines (Time, Newsweek, People)

ACTIVITY

1. Write on the board "Mentally Healthy." Discuss what it means to be mentally healthy. Include the characteristics, the behaviors, and the attitudes of a mentally healthy person.
2. Distribute the handout, "Mentally Healthy." Ask students to provide examples that demonstrate each characteristic.
3. Tell students to choose four of the characteristics and to find current event examples which illustrate each. Students may use newspapers, magazines, or other publications. Examples may be cut out or copied. If periodicals are unavailable, students may identify people known to them who exemplify these characteristics (e.g. teacher, counselor, local religious leader, parent, friend, etc.).
4. Discuss how the individuals chosen exemplify a mentally healthy person. If completed as homework, spend time the following day on discussion.

HANDOUT
8: English: B-1

MENTALLY HEALTHY

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON:

1. Concern for others
2. Ability to make decisions
3. Willingness to postpone
4. Interest in work
5. Acceptance of responsibilities
6. Ability to adapt to change
7. Establishment of realistic goals
8. Sense of right and wrong
9. Degree of autonomy

8: English: B-2

Goal: The student will demonstrate the ability to explain factors associated with positive mental health.

Objective: Discuss the relationship between "drug free" and positive mental health.

Learning Concept Decision-making

Vocabulary: slogan

Academic Focus: English

RESOURCES:

ACTIVITY

1. Review the characteristics of a "Mentally Healthy" person. (See Activity 8: English: B-1). Write each characteristic on the board.

2. Go through each characteristic and ask students to generate an example specifically related to being "drug free."

   Examples: Concern for others

   1. A mentally healthy person would not pressure others to experiment with drugs because he/she cares about the health and safety of others.

   2. A mentally healthy person would tell another individual about sources of help if that friend had problems with drugs.

3. Ask each student to design a slogan and/or a design for a tee shirt that exemplifies the relationship between "drug free" and positive mental health. An alternate idea is to create posters which can be displayed in different areas within the school.

Goal: The student will demonstrate a knowledge of programs and facilities designed to help individuals with drug-related problems.

Objective: Identify symptoms of emotional problems related to substance abuse which might require professional help.

Learning Concept Information

Vocabulary: emotional problems, symptoms

Academic Focus: Health

RESOURCES:

ACTIVITY

1. Draw on the board:

   Drugs -------------------> Emotional Problems
   (----> is read "lead to")

   Emotional Problems ------> Drugs

   Kids use drugs for different reasons, but drugs and emotional problems are linked. Ask class to explain both the relationships shown. Stress that:
   a. kids decide to try drugs out of curiosity, peer pressure, etc. and this leads to emotional problems
   b. kids have emotional problems (loneliness, difficulty coping with stress, etc.) and this leads to the use of drugs to alter feelings and/or achieve acceptance.

2. Discuss the symptoms of drug use. Include the following information on behaviors to look for:
   a. secretive (not willing to share)
   b. defensive (paranoia) - blaming others ("Everyone is down on me." "Stop hassling me.")

RESOURCES:

ACTIVITY

c. emotional - over-reaction - responses to a given situation seem out of place
d. overly self centered - everything's ok as long as I get my way
e. conning - making excuses
f. strained communication - inability to discuss areas of concern, no negotiating
g. unwillingness to be a part of the family - little or no concern for brothers or sisters
h. deterioration of values - cheating, stealing, lying, sexual promiscuity
i. complete change of friends - gives little information about friends and reluctant to bring friend home
j. change in personal hygiene, physical appearance, and chronic physical symptoms
k. problems with self discipline - inability to follow rules at home or school - curfew - chores at home - keeping appointments - completing homework - general forgetfulness (no general concern about it) - skipping school - noticeable change in grades with no apparent reason
l. fatigue - wanting to sleep at inappropriate times, little or no interest in meaningful activity (clubs, sports, family activities, church) - general apathy about the future
m. need - or demand for - extra or excess money - disappearance of clothing or personal belongings and valuables from school - borrowing or stealing money
n. changed outlook on life, using jargon of addicts, defense of drug use and personal rights
o. spending unusual amounts of time in locked bathroom - finding students in closets, storage rooms or loitering in the hallways
p. association with known drug users
q. physical changes - drowsiness, trembling, slurred speech, disorientation, redness around nostrils and redness of eyes.

Poster board or large sheets of paper
Colored markers

3. Have students create posters which depict danger signals of drug use and display these in the classroom.

Adapted from SAPÉ, Substance Abuse Prevention Education, A Program of the Louisiana Department of Education.

Goal: The student will demonstrate knowledge of programs and facilities designed to help individuals with drug-related problems.

Objective: List intervention programs for substance abuse problems.

Learning Concept Information

Vocabulary: detoxification, in-patient, out-patient, halfway house, aftercare

Academic Focus: Health

RESOURCES:

Handout:
"How Do I Know if I Have a Drinking Problem?"

Teacher Information

Phone numbers of local AA, Al-Anon, and Alateen organizations

ACTIVITY

1. Ask students to complete the handout, "How Do I Know if I Have a Drinking Problem?". When complete, tell them that today's lesson provides information about where to go for help with alcohol and other drug problems.

2. Using the teacher information, conduct a discussion on treatment for the substance abuser. Include in this discussion:
   - detoxification programs
   - in-patient programs
   - half-way houses
   - out-patient programs
   - aftercare programs.

3. Tell students that in addition to the treatment programs just discussed, most communities have the following local resources to help persons with alcohol/drug problems:
   a. Alcoholics Anonymous - started in Akron, Ohio in 1935, AA is now available to anyone who has a desire to stop drinking. AA members provide support for the alcoholic's decision to stop drinking "one day at a time." AA has also helped persons with drug dependency.
   b. Al-Anon - is set up to help families of alcoholics because alcoholism affects not just the drinker but the whole family. Al-Anon publishes over 50 booklets

RESOURCES:

ACTIVITY

and pamphlets for those seeking more information. There is no charge to attend meetings.

c. Alateen - is a division of Al-Anon set up especially for teens who must cope with an alcoholic family member. At meetings, teens learn that they are not alone and that help is available.

In all these organizations only first names are used and remarks made in meetings are held in confidence. Write the phone numbers of these organizations on the board. Tell the students they are available in case they know anyone who might wish help with a substance abuse problem.

American Council on Alcoholism, Inc.

HANDOUT
8: Health: A-2

How do I know if I have a drinking problem?

1. Do you drink to build up your self-confidence?
2. Do you drink to escape from worries or troubles?
3. Have you ever felt remorse after drinking?
4. Do you ever try to drink less or stop drinking and fail?
5. Do you hide your drinking or the number of beverages you drink?
6. Do you often prefer to drink alone rather than with others?
7. Do you drink when you get mad at other people?
8. Are your grades dropping because of drinking?
9. Is your school attendance slipping because of your drinking?
10. Have you ever had a loss of memory as a result of drinking?
11. Do you find yourself drinking to be "the life of the party"?
12. Do you avoid parties or situations where you know that alcohol *won't* be served?
13. Do you want a drink the next morning?
14. Do you turn to more "obliging" companions and an inferior environment when drinking?
15. Is excessive drinking affecting your reputation?
16. Is excessive drinking making your home life unhappy?
17. Have you gotten into financial difficulties as a result of your drinking practices?
18. Has anyone confronted you about your drinking problem?
19. Do you often get drunk when you drink, even when you planned not to?
20. Do you drink to escape stressful situations?

If you answered "yes" to some of these questions, there is a possibility that you may have a drinking problem. Contact a professional for confidential help and individualized information.

Goal: The student will demonstrate the ability to apply the decision-making process to drug use.

Objective: Describe the influences of moods and emotions on decision-making.

Learning Concept Decision-making

Vocabulary: techniques

Academic Focus: Health

RESOURCES:

Handout:
"Decision
Situations"

ACTIVITY

1. Introduce by explaining that how one feels or one's MOOD or EMOTIONS will often influence the decision one makes. For example, "This afternoon the class got back the results of the history exam. Joe failed it. Tomorrow is the English test, but Joe has decided not to study for it." Ask, "What might Joe's decision be if his mood is ANNOYED? UPTIGHT? CHEERFUL?"

2. Distribute the handout, "Decision Situations." Ask students to read the four "Decision Situations" and answer the questions that follow. It is most important that the students begin thinking about the influence of moods and emotions in their lives. This may be information they prefer not to share.

3. Discuss the influence of moods and emotions on decisions. Use the handout as a springboard for a more general discussion. Encourage students to share personal examples if they wish to. Discuss techniques for avoiding the negative consequences of an emotionally induced "snap decision." Techniques might include:
   - When angry, go off by yourself and "cool off" for awhile.
   - Talk about an emotion or feeling with a close friend.

RESOURCES:

ACTIVITY

- "Get away from it" by reading, listening to music, or taking a walk.
- Remember other times you've felt this way, and apply the experience to the present situation.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse

DECISION SITUATIONS

1. This afternoon the class got back the results of the history exam. Joe failed it. Tomorrow is the English test, but Joe has decided not to study for it. "What's the difference?", he said to himself. "I hate school anyway."

2. Tomorrow night is a dance at school, and Jeannie hasn't asked anyone. She'd like to ask Steve, but she remembers what happened last year, when she asked three boys and they all refused. So she's decided to just stay home.

3. Maryanne is having a terrible time at Joan's party. She feels out of place because almost everyone else came as a couple, and she's all alone, sitting by herself in the kitchen. Jim, one of the guys, comes in and fixes himself a drink. "Here, have some," he says, "you look like you could use a little something." "Why not?" Maryanne says to herself, and pours herself a big glass of vodka with a little orange juice.

4. Dave goes up to Mark and Jerry and says, "Hey, let's cut fifth period and go get stoned." Ordinarily Jerry would say no. He likes the class, and he doesn't much like getting stoned, though he's done it a few times. But he's just had a fight with Susan, and she's going to be in the class. "Sure beats school, " he says. "Let's go!"

Questions

1. In each of the situations above, how do you think the person's mood and personal feelings influenced their decision?

2. Do you think the decisions were the best they could have made? Why or why not?

3. Think of a decision you've made because of the influence of a particular mood or feeling. What was the decision? Was it the best decision you could have made?

4. Have you developed any techniques that help you not let a particular mood "get the best of you"? What are they?

Goal: The student will demonstrate the ability to apply the decision-making process to drug use.

Objective: Identify techniques to avoid the destructive influence of negative emotions on decision-making behavior.

Learning Concept Decision-making

Vocabulary: scenario

Academic Focus: Health

RESOURCES:

Handout:
"Feeling Words"

ACTIVITY

1. Discuss how your feelings or mood can affect the decisions you make. For example, what kind of decisions are made in anger, in disappointment, in frustration?

2. Present to the class the following scenarios, stopping where indicated to ask the questions given. Tell the students to write down a few words for their answers. Distribute the handout, "Feeling Words." Tell the students that the list may help them come up with some feelings if they get stuck. Stress that there is no one correct feeling. All feelings are okay and each person may feel differently about the same situation. Generate as many feelings for each scenario as possible.

   - This Friday night you are going to a party that you are really looking forward to. You're pleased that you were invited because all your friends are also going. You have saved some money, planned your clothes, and arranged transportation.

     - What are you feeling?
     - What type of decisions will you have to make?
     - How will your feelings affect the decisions that you will make as you get ready for this evening?

RESOURCES:

ACTIVITY

- As you get ready for the party, you get into an awful argument with your mother about what time you are to be home. The argument escalates until you are screaming at one another.
    - What are you feeling?
    - What type of decisions will you have to make?
    - How will your feelings affect the decisions that you will make for this evening?
- As you finish dressing, your friend calls and says the party is cancelled. Your friend's grandparent, who lives out of town, was taken to the hospital and everyone in your friend's family is going to visit.
    - What are you feeling?
    - What type of decisions will you have to make?
    - How will your feelings affect the decisions that you will make for this evening?
- Another classmate whom you do not know very well calls and asks you to go out with a group of people. Two of the people named were suspended from school last week for drinking at school.
    - What are you feeling?
    - What type of decisions will you have to make?
    - How will your feelings affect the decisions that you will make for this evening?

3. Discuss students' responses. Ask students to think of other examples of feelings affecting decisions.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
8: Health: B-2

FEELING WORDS

HAPPY	SAD	ANGRY	SCARED	CONFUSED
Joyful	Depressed	Annoyed	Worried	Bewildered
Keyed-up	Downcast	Furious	Terrified	Trapped
Thrilled	Disappointed	Irritated	Trembly	Troubled
Hyper	Gloomy	Enraged	Cowardly	Spaced-out
Pleased	Lost	Offended	Uneasy	Lost
Excited	Quiet	Irate	Embarrassed	Out-of-it
Cheerful	Hurt	Bitter	Nervous	Disorganized
Comfortable	Dark	Teed-off	Uptight	Foggy
Ecstatic	Left-out	Boiling	Insecure	Misplaced
Light-hearted	Cheerless	Seething	Anxious	Mixed-up
Fired-up	Dejected	Upset	Petrified	Unsure
Sparkling	Dreary	Mad	Jittery	Puzzled
Delighted	Hopeless	Agitated	Afraid	Bothered
Joking	Empty	Hot		Uncomfortable
Good	Sorrowful	Touchy		Undecided
Warm	Out of sorts	Disgusted		
Relieved	Crushed	Put out		
Silly	Discontented	Uptight		
Contented	Heart-broken	Dismayed		
Glad	Down	Jealous		
Satisfied	Upset	Frustrated		
Fine	Blue			

Goal: The student will demonstrate an understanding of the role of alcohol, tobacco, and other drugs in our society.

Objective: Investigate the role of nicotine.

Learning Concept Information

Vocabulary: abstain, bronchitis, emphysema, cardiovascular, nicotine

Academic Focus: Earth Sciences

RESOURCES:

ACTIVITY

1. Define "nicotine" as the active drug ingredient in tobacco that acts as a nervous system stimulant. It increases the heart rate, blood pressure, and respiration. It constricts blood vessels in the extremities, such as hands and feet. The long-term effects of tobacco use can include heart disease, bronchitis, emphysema, and lung cancer. Nicotine is the habit forming substance in tobacco smoke.

2. Ask students to name products containing nicotine:
   - cigarettes
   - cigars
   - chewing tobacco
   - snuff
   - pipe tobacco
   - nicotine gum (used as an aid to stop smoking).

3. Why might individuals choose to use or not to use tobacco? List on the board Use and Abstain. Have the students come up with possible reasons for using or not using tobacco. These could include:

   Use:
   - curiosity
   - peer pressure
   - advertising
   - taste

RESOURCES:

ACTIVITY

- adult imitation
- misinformation

Abstain:
- health
- peer pressure
- fear
- religion
- athletics
- cost
- illegal to sell to minors
- education
- smells bad (breath, clothing, hair)
- stains fingers, teeth, gums

4. Review immediate and long term effects of nicotine.
   a. Immediate effects:
      - blood pressure increases
      - heart rate increases
      - blood clots faster
      - shortness of breath
      - coughing
      - bad breath
      - numbness of gums, lips
      - sores on gums

   b. Long term effects:
      - lung cancer
      - chronic bronchitis (a lingering condition in which the mucous membranes that line the bronchial tubes become inflamed; accompanied by a deep cough)
      - wrinkling of the skin
      - staining of the teeth
      - emphysema (abnormal enlargement of the air sacs in the lungs or body tissues caused by a loss of elasticity in the walls of the air sacs and a resulting inability to expel carbon dioxide)
      - cardiovascular disease (disease of the heart and blood vessels)
      - gum disease.

5. Read warning label on cigarettes. Discuss with class whether such a warning should be placed on all nicotine products, especially chewing tobacco and snuff.

Wrappers from cigarettes with Surgeon General's Warning

Adapted from Comprehensive Health Education Curriculum Guide, 1983, State of Louisiana, Department of Education.

Goal: The student will demonstrate an understanding of the role of alcohol, tobacco, and other drugs in our society.

Objective: Investigate the role of caffeine.

Learning Concept Information

Vocabulary: caffeine, dependency, withdrawal

Academic Focus: Earth Sciences

RESOURCES:

ACTIVITY

1. Ask students which drug category includes caffeine (stimulants). The general stimulant effects of caffeine can include increased heart beat, imperfect balance, insomnia, high-pitched voice, finger tremors and postponement of fatigue. Larger doses of caffeine, especially in nonusers, can produce headache, jitteriness and nervousness. Unlike other drugs, caffeine is naturally present in which products? (answer: coffee beans, tea leaves, kola nuts, and cocoa beans) (See "Caffeine Content of Popular Products," Appendix A, page 17.)

2. Discuss the effects of caffeine.
   a. Immediate effects:
      - 60-100 mg produce effects that last 4 hours (1 cup of coffee = 100 mg)
      - increased heart rate
      - large doses can result in headache, nervousness, jitters
      - children are more sensitive due to body weight
   b. Long-term effects:
      - physical dependence -- 350 mg/day can produce dependency (a condition in which the body has made physiological adjustments to accommodate for the continued presence of the drug); withdrawal (which occurs when a heavy user stops using the drug) can result in headaches, irritability, and fatigue
      - stomach ulcers
      - heart disease

RESOURCES:	**ACTIVITY**
Handout: "Caffeine Content"	3. Distribute the handout, "Caffeine Content." Ask the students to complete following the instructions.
Handout: "Caffeine Monitor"	4. Distribute the handout, "Caffeine Monitor." Have the students monitor their caffeine intake for one week. Bring the results to class and discuss.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

Caffeine Content

How much caffeine do you have in an average day?

Caffeine is a stimulant found naturally in the coffee bean, cola nut, tea leaf, and cocoa bean and is added to soft drinks and over-the-counter medicines.

Fill in the number of drinks/food you have in an average day and multiply by the caffeine present. Add them up to find your total intake.

__________ cup(s) of coffee X 100 mg each = -----------------> __________

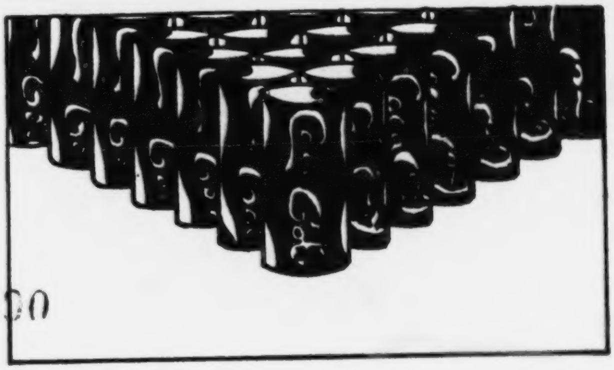
__________ cup(s)/glasses of tea X 50 mg each 6 oz. = -----------------> __________

__________ chocolate bar(s) X 10 mg for each oz. = -----------------> __________

__________ 12 oz. can(s) of soda drinks = -----------------> __________
X 45 mg for each Coke
X 43 mg for each Dr. Pepper
X 53 mg for each Mellow Yellow
X 54 mg for each Mountain Dew
X 41 mg for each Mr. Pibb
X 59 mg for each Diet Mr. Pibb
X 38 mg for each Pepsi
X 36 mg for each Diet Pepsi
X 36 mg for each Pepsi Light
X 0 mg for each Seven Up/Sprite

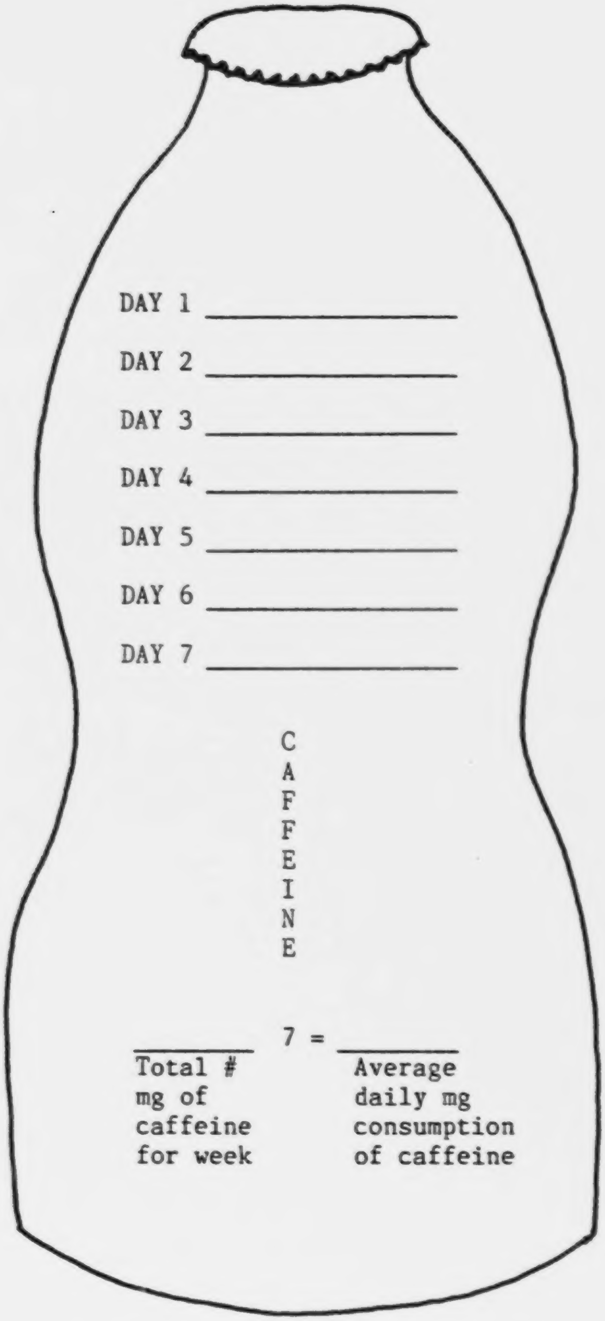
TOTAL AVERAGE DAILY INTAKE OF CAFFEINE = __________

60-100 mg is enough to produce some effects. 350 mg a day is enough to produce dependence in an adult.



HANDOUT
8: Science: A-2

CAFFEINE MONITOR



DAY 1 ________________

DAY 2 ________________

DAY 3 ________________

DAY 4 ________________

DAY 5 ________________

DAY 6 ________________

DAY 7 ________________

CAFFEINE

________ 7 = ________

Total # mg of caffeine for week

Average daily mg consumption of caffeine

CAFFEINE CONTENT OF COMMON SUBSTANCES

1 cup of coffee = 100 mg
1 oz. of chocolate = 10 mg
1 12 oz. can of Dr. Pepper = 43 mg
1 12 oz. can of Mellow Yellow = 53 mg
1 12 oz. can of Mountain Dew = 54 mg
1 12 oz. can of Diet Mr. Pibb = 59 mg
1 12 oz. can of Seven Up/Sprite = 0 mg
1 6 oz. glass of tea = 50 mg
1 12 oz. can of Coke = 45 mg
1 12 oz. can of Mr. Pibb = 41 mg
1 12 oz. can of Pepsi = 38 mg
1 12 oz. can of Diet Pepsi = 36 mg
1 12 oz. can of Pepsi Light = 36 mg

Goal: The student will demonstrate the ability to apply the decision-making process to drug use.

Objective: Relate the use of the decision-making process to decisions involving alcohol and other drugs.

Learning Concept Decision-making

Vocabulary: dilemma

Academic Focus: Earth Sciences

RESOURCES:

3" X 5" Index cards

ACTIVITY

1. Briefly review the steps of decision-making -- Defining the problem; Looking at influences; Identifying alternatives; Looking at risks and results; Deciding, acting, and evaluating. (For a detailed description of Decision-making refer to Appendix A, page 96-98.)
2. Distribute one card to each student. Ask students to write a brief situation that includes a dilemma about any drug including alcohol, marijuana, tobacco, crack, etc. Students are not to sign the cards.
3. Collect the cards. Divide the class into small groups. Distribute the same number of cards to each group as the group has members. Ask the group members to go through the decision-making process to solve the dilemma. Remind class that they are to chose only one solution.
4. Allow time for each group to share one dilemma and their decision with the class.

Goal: The student will demonstrate the ability to explain factors associated with positive mental health.

Objective: Illustrate the role of positive mental health in the decision-making process.

Learning Concept Decision-making

Vocabulary: mentally healthy

Academic Focus: Earth Sciences

RESOURCES:

Bottle of water
Paper cups

ACTIVITY

1. Ask students to generate a list of decisions made this year that were affected by peer pressure. Include: dress - specific brands, length, style; appearance - type of clothes worn, hair styles, length of hair; fads - will vary from school to school; classes to take; spare time; music choices.

2. Discuss the role of peer pressure in decision-making. How does being "mentally healthy" affect the influence of peer pressure?

3. Divide the class into groups. Place a water-filled bottle and cups in the middle of the group. Instruct all members of each group except one person to take a drink and try to pressure the other person in the group to also take a drink. Allow enough time for each person in the group to practice resisting peer pressure.

4. Discuss the following questions:
   - How did peer pressure feel?
   - How comfortable did you feel?
   - How did you resist?
   - What did others in the group do to pressure you?
   - What did you learn about positive mental health and peer pressure?

Adapted from Comprehensive Health Education Curriculum Guide, 1983, State of Louisiana, Department of Education

8: English

EVALUATION COMPONENT

1. Mass media may influence a person's choice to use or not to use drugs. Give examples of mass media.

2. Which of the following advertising gives a "do drugs" message instead of providing information about a product?

   a. Glamorous models using alcohol.
   b. Sports figures using smokeless tobacco.
   c. Accurate information about a health product.
   d. Both a and b.

3. Your best friend confides to you that he or she needs help with a drug-related problem. Briefly state what will you tell them? (Include possible sources of help that you might recommend to your friend.)

4. Write a short paragraph describing a mentally healthy person. Include characteristics, the behaviors (what the person would do), and the attitudes of a mentally healthy person.

8: English

EVALUATION COMPONENT RESPONSES

1. Television, movies, magazine advertisements, newspapers, etc.

2. (d)

3. Accept all responses. Possible referral sources include counselors, teachers, parents, psychologists, physicians, minister/pastor/priest/rabbi.

4. Accept responses that include the following descriptions: concern for others, ability to make decisions, willingness to postpone, interest in work, acceptance of responsibilities, ability to adapt to change, establishment of realistic goals, sense of right and wrong, degree of autonomy.

EVALUATION COMPONENT

1. List three symptoms which may indicate drug use.

   a.____

   b.____

   c.____

2. Many sources of treatment are available for the chemically-dependent person. Fill in each blank with the correct treatment resource described below:

   a.________________ These programs provide 24 hours a day, 7 days a week intense treatment where the chemically-dependent person is removed from their environment.

   b.________________ These programs are often located in hospitals where the purpose is to get the person sober so that continued treatment can begin.

   c.________________ These programs help the chemically-dependent person prepare to live independently again and usually last for about 3 months.

   d.________________ These programs meet once or twice a week and are for individuals with good family support systems, who cannot leave their jobs, and who are highly motivated.

3. Anne's father was angry. He yelled at her for using the telephone and for leaving a glass on the living room table. Anne and her boyfriend had also quarreled. Beth just called Anne and said, "Why don't you sneak out tonight and we can ride around. Who knows, maybe we'll meet some fun people!"

   a. How do you think Anne's mood and personal feelings influenced her decision?

   b. What technique/techniques might she use to avoid the negative consequences of an emotionally induced "snap decision"?

EVALUATION COMPONENT RESPONSES

1. Refer to list of possible symptoms in Activity 8: Health: A-1.

2. a. in-patient or quarterway programs
   b. detoxification programs
   c. half-way house programs
   d. out-patient programs

3. Accept any reasonable response.

8: Science

EVALUATION COMPONENT

1. Define nicotine.

2. Which of the following is an immediate effect of nicotine usuage?

   a. Blood vessels in the extremities constrict.
   b. Bad breath.
   c. Shortness of breath.
   d. All are immediate effects.

3. Which is not a long-term effect of nicotine usuage?

   a. Wrinkling of the skin.
   b. Increases cardiovascular endurance.
   c. Lung cancer.
   d. Stained teeth.

4. Your younger brother or sister just came to you and asked your opinion about smoking. Knowing how much he/she respects your opinion, you want to provide valid information that would prevent usuage. What might you say?

5. Caffeine is a stimulant, thus, it affects the body in the following ways:

   a.____

   b.____

   c.____

6. List five substances which contain caffeine.

7. List the steps in a decision-making model in the correct sequence.

8. Apply the steps in the decision-making model listed in question 7 to resolve the following problem:

> You are a new student at Lakeshore Junior High. Two students, who seem to be quite popular, invite you to join them after school. When you arrive at your destination, both students begin to smoke marijuana and offer it to you.

EVALUATION COMPONENT RESPONSES

1. Nicotine is the active drug ingredient in tobacco that acts as a nervous system stimulant.

2. (d)

3. (b)

4. Accept any response that contains accurate information about the effects of nicotine usuage.

5. increases heart rate; can produce headache, nervousness, jitters; keeps individual awake.

6. coffee, cola drinks, tea, chocolate, over-the-counter medicines, Mellow Yellow.

7. Define the problem; Look at influences; Identify alternatives; Look at risks and results; Decide, Act, and Evaluate.

8. Accept any answer that utilizes the above problem-solving model.

GOALS AND OBJECTIVES

DRIVER EDUCATION

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Driver Education: A-1	377	Driver Education	Information	The student will demonstrate an understanding of chemical factors which influence driver behavior.	Identify characteristics of a drunk driver.	H/PE - 149
9-12: Driver Education: A-2	380	Driver Education	Information	(same as above)	Identify the effects of drugs on driving behavior.	H/PE - 149
9-12: Driver Education: A-3	388	Driver Education	Information	(same as above)	Investigate the legal and social consequences of driving under the influence (DUI).	H/PE - 149 SS - 532; 533
9-12: Driver Education: B-1	390	Driver Education	Decision-Making	The student will demonstrate the ability to use decision-making skills in making effective judgments.	Analyze beliefs and behaviors related to drinking and driving.	H/PE - 159
9-12: Driver Education: B-2	415	Driver Education	Coping	The student will demonstrate an appreciation of his/her worth as a person.	Explore alternatives for coping with drug related problems.	H/PE - 149

Goal: The student will demonstrate an understanding of chemical factors which influence driver behavior.

Objective: Identify characteristics of a drunk driver.

Learning Concept Information

Vocabulary:

Academic Focus: Driver Education

RESOURCES:

Handout:
"How Can You Tell If a Driver Is Drunk?"

ACTIVITY

1. (Prior to the activity, review teacher notes: The Effects of Alcohol on Motor Performance and Reaction Time, Appendix A, page 45.)

2. Ask the students: "How can you recognize a drunk driver? How is the driver's behavior different than usual?" List behaviors the students describe on the board.

3. Tell students: "At some time you may need to analyze a situation to decide whether or not to ride with an intoxicated person. These guidelines may help you with that decision." Distribute the handout, "How Can You Tell If a Driver Is Drunk?".

4. Ask students to suggest some of alcohol's effects on the brain that could cause such behaviors. Effects may include:
   a. Impairment of vision - Persons who have consumed alcohol tend to fix their vision on one object, rather than moving their eyes from place to place to gather information. Driving requires noticing many cues.
   b. Slowed reaction time - Brake reaction time increases by 10 to 30 percent after 2 to 3 drinks in young people (inexperienced drivers).

RESOURCES:

ACTIVITY

c. Loss of muscular control - Persons who have been drinking tend to over or under steer and have difficulty maintaining constant speed.
d. Impaired judgment - Many persons tend to take greater risks after drinking.
e. Changes in depth perception - After drinking it is more difficult to judge the true distance of objects.
f. Drowsiness - After several drinks many people find it hard to concentrate, or even to keep their eyes open.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
9-12: Driver Education: A-1

HOW CAN YOU TELL IF A DRIVER IS DRUNK?

1. Turning with a wide radius.
2. Straddling or hugging the center line.
3. Driving with head out the window or with window open in winter.
4. Almost striking an object or vehicle.
5. Weaving, drifting, or swerving in lane.
6. Driving off roadway or on the edge.
7. Driving too slowly (10mph or more below the limit)
8. Stopping in traffic for no reason.
9. Following too closely.
10. Breaking or accelerating erratically, jerking.
11. Driving into opposing or crossing traffic.
12. Signaling inconsistant with driving actions.
13. Slow response to traffic signals.
14. Driving with no lights at night, or failing to dim.

Goal: The student will demonstrate an understanding of chemical factors which influence driver behavior.

Objective: Identify the effects of drugs on driving behavior.

Learning Concept Information

Vocabulary: synergistic effect

Academic Focus: Driver Education

RESOURCES:	ACTIVITY
	1. (For specific information on how different classifications of drugs impact driving, see Appendix A, pages 9-28.)
	2. With students develop a list of drugs, other than alcohol, which may affect driving abilities. These may include: marijuana, barbiturates, tranquilizers, amphetamines, psychedelics, antihistamines, narcotics. Discuss with the class what possible effects these drugs may have on driving ability.
Handouts: "Behavior Effects by Type of Drug" "Drugs and Driving" "Drug Effect Worksheet"	3. Distribute the handouts. Review with the students the different behaviors that are affected by the particular drugs mentioned, and have them complete the "Drug Effect Worksheet."
	4. Discuss with the students the hazards of mixing drugs and operating a motor vehicle. Especially dangerous are drugs mixed with alcohol. The depressant group of drugs combined with alcohol will produce a synergistic effect. That is, the combined effect may be greater than the sum of the individual effects.
Handout: "What Are the Risks of Driving While Drugged?"	5. Distribute the handout, "What Are the Risks of Driving While Drugged?". This will help clarify to the students problems encountered with drug use and driving.

RESOURCES:	ACTIVITY
	6. With the class develop a list of activities which require quick thinking and/or action in a traffic situation. Examples: braking to avoid a pedestrian, yielding to an emergency vehicle, changing lanes. Pick one situation and select a drug which has been discussed. Decide with the class how a driver might react in the situation under the influence of the drug. What skills are affected? (improper passing, disregarding traffic signals, etc.) How could the age and driving experience of the driver be a factor? What conclusions can be drawn about the relationship of drug use and traffic safety that may effect a person's decision to use drugs and drive?

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse; and MASEP-YEP, 1985, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highway Safety Program.

BEHAVIOR EFFECTS BY TYPE OF DRUG

1. ALCOHOL - Judgment is affected at .05% BAC or lower. Coordination and vision are affected in some people at BACs as low as .04%. Reaction times are affected in most people starting at .05% BAC. Abilities are impaired in everyone by .08-.10% BAC.

2. DEPRESSANTS - Barbiturates, tranquilizers, and anti-histamines all have effects on driving similar to alcohol. By producing relaxation or drowsiness, they slow reaction time, decrease eye-hand coordination, and can make it difficult to stay in the traffic lane. In higher doses they can produce aggressive behavior. Narcotics also produce drowsiness.

3. MARIJUANA - This drug affects concentration, perceptual skills and to some extent judgment. Complex tasks and reaction times are most often found to be affected, while drivers are unlikely to increase their willingness to take risks.

4. STIMULANTS - Under the influence of amphetamines or high doses of caffeine, drivers tend to overestimate their abilities and take more risks. In large doses or with extended use, irritability or aggressiveness can result. Coordination and concentration are also affected. Despite the popular view that stimulants are good for driving, amphetamine users are more likely than non-users to be involved in car crashes.

5. HALLUCINOGENS - These drugs produce perceptual and emotional effects of such magnitude that driving should not be considered. Though not truly a psychedelic, PCP is included here because it has strong and unpredictable effects including confusion, even at low doses.

6. MIXTURES - Mixing any combination of the drugs mentioned above can bring unexpected results. Particularly dangerous are mixtures of alcohol and depressants, narcotics or marijuana, where the effects of the combination are more than the sum of the individual drug effects.

HANDOUT
9-12: Driver Education: A-2

DRUGS AND DRIVING

DRUG	HOW OBTAINED	PRESCRIBED FOR	DIRECT EFFECT	POSSIBLE SIDE EFFECTS	EFFECT WHEN COMBINED WITH ALCOHOL	DRIVING RECOMMENDATIONS
CANNABIS (Marijuana)	Illegally	Limited use in treating glaucoma patients and to relieve nausea in cancer patients	Affects mood and thinking, mild sedation	Disturbs visual perception, distorts sense of distance and time, impairs attention, distorts perception, slows reflexes, increases heartbeat, suppresses immune system, lowers testosterone level in males, bronchitis from prolonged smoking, panic, fear, paranoia	Potentiation of sedative effect	Drivers should not use alone or combined with alcohol
AMPHETAMINES & COCAINE (Benzedrine, Dexedrine, Desoxyn, Preludin, etc.)	Prescription only. Cocaine obtained illegally.	Narcolepsy (sleep disorder), hyperkinesis in children, temporary weight loss. (Amphetamines only)	May range from elevate mood, induce euphoria, increase alertness, reduce fatique to produce irritability, anxiety, pattern of psychotic behavior	Restlessness, tremor, anxiety, insomnia, dizziness, irritability and tenseness, exhaustion, increase in blood pressure, sweating, dry mouth, nausea, vomiting	Person feels subjectively "less drunk" but is still impaired by alcohol. May lead to lack of judgment.	Drivers should not use especially when combined with alcohol
NARCOTIC ANALGESICS (opium, morphine, codeine, Darvon, Demerol, etc.)	Prescription only	Relief of pain, treatment of diarrhea, relief of coughs	Analgesia, drowsiness, changes in mood, mental clouding	Sedation, respiratory depression, nausea, vomiting, constipation	Potentiation of sedative effect	Drivers should not use alone or combined with alcohol
ANTIHISTAMINES (e.g., Benadryl, Dramamine etc.)	Prescription and over the counter	Colds, motion sickness, control of allergies, congestion, insomnia	Sedation	Drowsiness, confusion, dizziness, inattention	Additive effect equal to sedating properties of each	Drivers should not use
ANESTHETICS	Prescribed for surgery	Surgery	Sedation, relief from anxiety, disinhibition followed by sleep	Hypoxia (decreased oxygen to body), respiratory depression	Additive effect equal to sedating properties of each	No driving if drowsiness persists. No driving when mixed with alcohol.

MAJOR TRANQUILIZERS (Neuroleptics) e.g., Thorazine, Mellaril, Haldol, Compazine, Reserpine	Prescription only	Relief of psychotic state	Psychomotor slowing, emotional quieting, indifference to external stimuli	Tremors, muscle rigidity, walking disorders, involuntary movements, increased heart rate, dry mouth, blurred vision, constipation, altered pigmentation of the skin, impaired vision, hormone changes, allergic reactions, possible liver dysfunction	Additive effect equal to sedating properties of each	Drivers should not use when combined with alcohol. Acute administration also impairs driving skills so patients should use these drugs regularly if driving during treatment is necessary. In any case, a person using neuroleptics is not at the peak of his/her capabilities, thus extreme caution should be observed if driving is required.
MINOR TRANQUILIZERS (Antianxiety agents) e.g., Valium, Librium, Equanil, Miltown, Serax, Dalmane	Prescription only	Relief from anxiety, tension and insomnia. Occasionally used as muscle relaxant.	Disinhibition, euphoria, relief from anxiety, sedation	Drowsiness, decreases in blood pressure and heart rate. Excessive use may cause disorientation, confusion and rage	Potentiation of the sedative effects of each.	Drivers should not use either alone or combined with alcohol.
SEDATIVE-HYPNOTICS (e.g., Seconal, Nembutal, Tuinal, Equinal, Miltown, Amytal, Doriden, Luminal, Quaalude, Parest, Sopors	Prescription only	Induction of sleep, daytime sedation, treatment of epileptic seizures, induction of anesthesia, treatment of anxiety and neuroses	Behavioral depression ranging from mild sedation through anesthesia, to coma and death depending upon agent and dose	Respiratory depression, impaired performance and judgment, drowsiness, decreases in heart rate and blood pressure	Potentiation of the sedative effects of each	Drivers should not use alone or combined with alcohol. Effects may still be apparent over 12 hours after their ingestion.
ANTIDEPRESSANTS (e.g., Tofranil, Elavil, Sinnequan, Parnate, etc.)	Prescription only	Medical treatment of depression	Relieve depression and elevate mood in depressed individuals	Sedation with some agents, MAO inhibitors may cause drastic increase in blood pressure, chest pain, and severe headaches when combined with alcohol and certain types of food	Additive effect especially with the more sedating agents. MAO inhibitors plus alcohol produces an exacerbation of side effects.	Drivers should not use when combined with alcohol. Driving with caution is advised with antidepressants alone, unless patient experiences sedation.

HANDOUT
9-12: Driver Education: A-2

HALLUCINOGENS (e.g., LSD, DMT, peyote, mescaline, MDA, psilocybin	Illegally, except limited use in research	Experimental use only	Disturbances in cognition and perception, separates the individual from reality. Increase in body temperature, dilation of pupils, increases heart rate and blood pressure, alterations in mood and emotion, visual and tactile distortions or hallucinations	Distorts sense of distance and time, nausea, vomiting, headaches, confusion, difficulty in thinking, floating sensation, panic		Drivers should not use alone or combined with alcohol.

Drug Effect Worksheet

List two possible effects each of the following drug may have on a driver

DRUG	EFFECT	EFFECT
1. Alcohol	1.	2.
2. Marijuana	1.	2.
3. LSD	1.	2.
4. Amphetamines	1.	2.
5. Tranquilizers	1.	2.
6. Barbituates	1.	2.
7. Nicotine	1.	2.
8. Caffeine	1.	2.

WHAT ARE THE RISKS OF DRIVING WHILE DRUGGED?

- Amphetamine users are up to 4 times more likely to be involved in a crash.
- Drugs other than alcohol were involved in over 40% of fatal crashes in some areas, with sedatives and tranquilizers most commonly found.
- Even low doses of marijuana have been found to reduce driving performance by 25%, and high doses by up to 50%.
- Alcohol in combination with other drugs greatly increases the likelihood of a fatal accident.

Goal: The student will demonstrate an understanding of chemical factors which influence driver behavior.

Objective: Investigate the legal and social consequences of driving under the influence (DUI).

Learning Concept Information

Vocabulary: Implied Consent Law

Academic Focus: Driver Education

RESOURCES:	ACTIVITY
	1. (Prior to activity review teacher's notes: Implied Consent Law and Youth Court Disposition Alternatives, Appendix E.)
	2. Write on the board: Implied Consent Law. Ask the students if anyone knows the importance of this law as it affects them.
Handout: "Implied Consent Law"	3. Distribute the handout, "Implied Consent Law." Have the student read the "Implied Consent Law." Ask them to explain what it means and how it could impact them.
	4. Discuss Mississippi laws related to DUI.

Adapted from MASEP-YEP, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highway Safety Program.

The Implied Consent Law.

The license to operate a motor vehicle on the highways of our state is a privilege, not a right. The privilege may be withheld or withdrawn as provided by law. Driving under the influence is an abuse of the driving privilege which falls under a legal statute known as the Implied Consent Law. Basically, the Implied Consent Law means that if you operate a motor vehicle in the state of Mississippi upon public highways, roads, and streets, you have given your consent to take a chemical breath test to determine your blood alcohol concentration. The approved way of determining blood alcohol concentration is by measurement of the alcohol content of deep lung air by use of the intoximeter or intoxilyzer.

Goal: The student will demonstrate the ability to use decision-making skills in making effective judgments.

Objective: Analyze beliefs and behaviors related to drinking and driving.

Learning Concept Decision-Making

Vocabulary:

Academic Focus: Driver Education

RESOURCES:

Teacher Information:
"Leader's Guide"

Handout:
"Self-Test on Drinking and Driving for Teenagers"

ACTIVITY

1. (Prior to class review the test instructions.)
2. Tell the class that they are going to take a test designed to help them have a better understanding of the social and psychological factors which could influence their decisions regarding drinking and driving.
3. Distribute the handout, "Self-Test on Drinking and Driving for Teenagers." Administer the test following the instructions accompanying the test.
4. Following the administration of the test, discuss the results using the information provided in the leader's guide.

Adapted from MASEP-YEP, 1985, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highway Safety Program. Test prepared for the United States Department of Transportation, National Highway Traffic Safety Administration, Washington, D.C.

TEACHER AID
9-12: Driver Education: B-1

DISCUSSION LEADER'S GUIDE
for the
SELF-TEST ON DRINKING AND DRIVING FOR TEENAGERS

Robert Berger, Ph.D.
Joseph G. Coleman, Ph.D.

INTRODUCTION

The Self-Test on Drinking and Driving for Teenagers was developed for the National Highway Traffic Safety Administration of the United States Department of Transportation. The basis of the Self-Test is that teenagers (and many adults for that matter) frequently react to unconscious psychological and social needs rather than clearly and rationally considering the consequences of their actions, or taking the advice of parents or other authority figures. The purpose of the Self-Test is to help adolescents better understand the social and psychological forces that can shape their decisions in situations involving drinking and driving. Discussion of the Self-Test should promote an even greater understanding of these forces.

This Self-Test is designed to be self-administered and to allow youngsters to both score and interpret their reasons, thus providing the teenager with a tool for self-evaluation and self-education. The Self-Test normally requires no more than 30 minutes for administration, scoring, and interpretation. The test provides a stimulus for group discussion through which teenagers: can develop greater self-awareness; see similarities and differences between themselves and others, including ways in which they cope with their problems; and, we hope, gain reinforcement to choose safer options when they are in drinking-driving situations.

This Discussion Leader's Guide is intended as an aid to teachers, youth group leaders, or anyone who believes that talking about problems concerning drinking and driving can guide teenagers to better informed decisions. The guide offers suggestions for organizing and leading a group discussion based on the Self-Test and suggests a means for evaluating the discussion outcome.

PREPARING FOR THE DISCUSSION

Discussion leaders should not let their own values or beliefs about drinking and driving intrude upon the discussion. The leader's role is neither to lecture nor sermonize, but to create and open, nonthreatening, and informative environment. Lively participation and honest self-analysis will be encouraged by a nonjudgmental tone.

It is also important to assure the youngsters that their responses and scores will be kept confidential. Assurance of confidentiality will contribute to an atmosphere where teenagers can respond frankly and openly. No person other than the teenage respondent should see the completed Self-Test, nor should the test be collected by the discussion leader.

Discussion leaders will be more effective if they are thoroughly familiar with the content, administration, scoring, and interpretation of the Self-Test before conducting a session. Although the Self-Test was developed for a teenage audience, it is recommended that discussion leaders actually take the test and interpret their scores as a way of becoming familiar with the Self-Test itself.

ADMINISTERING THE SELF-TEST

Be sure there is an adequate supply of Self-Tests on hand for all participants. The Self-Test may be completed at home; in this case, be sure that the participants understand the directions before they take copies with them. If the test is to be completed just prior to the group discussion, follow these steps:

1. Have the group read pages 1 and 2, and be sure that everyone understands how the answers to the statements on pages 3, 4, 5, and 6 are to be recorded. Indicate that there is no time limit and that the booklets will not be collected afterward.
2. Ask the group to begin when you are certain that they understand the method of answering. Ask the group to stop at the bottom of page 6.
3. When all have finished answering the statements and scoring the eight sets, ask the group to turn to the profile on page 11. Have them read the instructions on page 10; then ask them to mark the graph or profile in each of the eight rows with a dot which is placed to correspond with their score for each set. Finally, have them draw a line connecting the dots.
4. Ask the group to compare their own profiles (where each person stands on each set) with that of the average teenager profile. The average responses of the Pennsylvania teenagers who took the Self-Test fall in the plain white section of the graph.
5. Now ask the group to read pages 7, 8, and 9 for further interpretation of their scores. Suggest that they turn back to page 11 as they interpret each score, and see where they stand compared with other teenagers.

THE DISCUSSION

Opening the Discussion. Remind the group that the test results are not to be turned in; they are for personal use only. Encourage everyone to participate in the discussion but stress that no one is expected to reveal scores although they may do so of their own accord. Explain the objectives of the discussion as listed below:

1. To enable teenagers to explore the variety of factors that affect a decision to drink and drive or to ride in a car with a driver who has been drinking.
2. To enable teenagers to see differences in attitudes, values, personality and other characteristics which affect the actions of their peers, and to learn that there exists not just one, but a range of possible response and behavior options in situations that involve a drinking-driving decision.
3. To help each teenager reach a decision that satisfies his or her own individual needs in a drinking-driving situation.

THE MAIN DISCUSSION

The following topics, questions, or activities may help to stimulate the discussion.

For Objective 1:

- Have the members of the group suggest areas they would be interested in discussing. List these on the blackboard. Select for discussion those which:
  - relate most closely to the three objectives
  - are most likely to provoke group discussion
  - appear to be of greatest interest to the group
- Ask for a volunteer to lead the discussion on one of the topics listed on the board.
- Discuss: Why do you think young people might drink and drive? Or decide not to drink and drive? Does the Self-Test get at these reasons? How? Is anything missing?
- Discuss: Which of the factors measured in the Self-Test do you feel are most important in helping a person decide whether or not to drive in a situation involving drinking?
- Discuss: What is there about adolescence that makes some people call it the "turbulent age"? How might these things relate to combining drinking and driving?

For Objective 2:

- Discuss: Do you think that social, emotional, and/or psychological factors have anything to do with the fact that someone your age might or might not drink and drive? What are these factors?
- Discuss: Why do you think some people are attracted by people who drink and drive while others are not? How important or justified are these reasons?
- Discuss: Why might fear of death keep some teenagers from drinking and driving, but not others? How important or justified are these reasons?
- Discuss: How might young people's feelings about their ability to control their own future affect whether or not they will become drinker-drivers?
- Discuss: What do you think drinking-driving does for a person's self-image?
- Ask the group to suggest the benefits (especially social or psychological benefits) some young people feel they get from drinking and driving. List these on the blackboard. Ask the group if they think these perceptions are valid.
- Ask the participants how they feel about their standing on the profile in relation to the scores on the profile in relations to the scores on each set obtained by the 3,000 or more Pennsylvania students who took the Self-Test.

For Objective 3:

- Discuss: What if a young person looks younger than his or her age and wants to look more grown up? What can he or she do about it?
- Discuss: Why is it more important to have discussions of this kind with teenagers than adults?
- Discuss: What can young persons do when many of their friends drink and drive, and they are being pressured to do the same, even if they don't want to?

- Discuss: If teenagers know that drinking and driving is dangerous, why do they do it?
- Discuss: Of the eight sets in the Self-Test, which would be most important in making a decision about drinking and driving in any situation? Why?

At the conclusion, have the group go back over their Self-Tests and respond once again to the statements the way they would now like to be able to answer them. Have them use X's this time instead of dots. Did they find their scores changed? Would they like to try to be more like their preferred scores? How would they go about it?

IF THE DISCUSSION IS SLOW IN STARTING

Youngsters may be reluctant to initiate a discussion in which they may reveal how they feel, especially about a subject like the use of alcohol in connection with driving. If this happens, one or more of the following questions or activities might help get things started:

- Do you think that the Self-Test covers all the important points about teenage drinking and driving? If not, which ones were missing? Did the Self-Test include some points that should not have been included? If so, what were they?
- If you were in my place, what topics would you include in a discussion with young people on the subject of drinking and driving?
- What thoughts did you have as you analyzed your results?
- Did you enjoy taking the Self-Test? Did you learn anything about drinking and driving in doing so? What did you learn?
- Have the group conduct a role-playing session. Ask for five volunteers, one to play a father, another a doctor, another a friend who doesn't drink, an older sister who does drink, and a young person who has been caught

drinking and driving. Allow ten minutes. Then have the remaining members of the group critique the positions taken by the players.

. If a participant offers a thought, ask how many other agree or disagree with the statement and why.

EVALUATION

The effectiveness of the discussion may be assessed in a variety of ways. Here are some examples:

1. Discussion Leader Self-Evaluation. Estimate on the seven-point scale the degree to which each of the three objectives has been met. Circle the appropriate number.

	Not at all				Completely		
A. Teenagers were helped to explore the variety of factors that affect a decision to drink & drive or to ride in a vehicle whose driver has been drinking.	1	2	3	4	5	6	7
B. Teenagers were helped to see the differences in attitudes, values, personality, or other characteristics of their peers, and to learn that there exists not just one, but a range of possible response and behavior options in situations which involve a drinking-driving decision.	1	2	3	4	5	6	7
C. Teenagers were helped to reach decisions that satisfy their own individual needs about combining drinking and driving.	1	2	3	4	5	6	7

If your self-ratings were 5 or below, consider how you can improve the next discussion you lead. Outline different approaches to substitute for those that may not have been as effective as you would have liked.

HANDOUT
9-12: Driver Education: B-1

SELF-TEST ON
DRINKING AND DRIVING
FOR
TEENAGERS

Prepared for: United States Department of Transportation
National Highway Traffic Safety Administration
Washington, DC

Prepared by: Joseph Coleman, Ph. D.
Robert Berger, Ph. D.

HANDOUT
9-12: Driver Education: B-1

WHAT THIS SELF-TEST IS ALL ABOUT

- If you think you know about the effects of drinking on driving, but are not 100% sure . . .
- If you sometimes worry about what might happen if you drink and drive . . .
- If you ever feel pressured into drinking and driving when you really don't want to . . .
- If you worry about the safety of your friends or relatives who drink and drive, but don't know whether you should do anything about it . . .

THIS SELF-TEST CAN HELP YOU SORT THINGS OUT SO YOU CAN DECIDE WHAT'S BEST WHEN YOU'RE IN A SITUATION WHERE YOU OR OTHERS WILL BE DRINKING AND DRIVING.

By taking this Self-Test, you will be able to:

1) Compare your own attitudes about drinking and driving with those of thousands of teenagers in schools across the State of Pennsylvania;
2) Understand what effects attitudes have on how you deal with drinking and driving situations; and
3) See what you really know about mixing alcohol with driving, by scoring yourself on a brief knowledge test.

HERE'S ALL YOU HAVE TO DO

Read carefully each of the following 40 statements. Show how you feel about each one, on the scale of 1 to 5. The numbers 1 to 5 are explained on the next page.

MOST IMPORTANT! If you really want to know how you rate, answer each statement honestly. It is very unlikely that anyone could answer every statement with a "1", or any other number, and still be honest with themselves. Think carefully about where you fit for each one and then answer exactly how you feel. Later on you will find a 16 question true-false test of knowledge with a scoring key for it.

NOTE: Most of the statements in this Self-Test have been used in research studies in which teenagers have cooperated. The Self-Test is intended only to give an indication of where a person may stand on a variety of attitudes related to use of alcoholic beverages and automobiles.

INSTRUCTIONS

Forty statements are given on the next few pages. Each statement describes an attitude teenagers sometimes express about drinking alcohol, driving, or doing both at the same time. Some will appear to be more directly related to drinking and driving than others.

You may STRONGLY AGREE, AGREE, NEITHER AGREE NOR DISAGREE, DISAGREE, OR STRONGLY DISAGREE with each of the statements. You show how you feel by using a number to represent your answer, as follows:

If you . . .

STRONGLY AGREE, write a 1 on the line at the right.

AGREE, but not strongly, write a 2.

NEITHER AGREE NOR DISAGREE, write a 3.

DISAGREE, but not strongly, write a 4.

DISAGREE STRONGLY, write a 5.

READ EACH STATEMENT CAREFULLY BEFORE GIVING YOUR ANSWER.

HANDOUT
9-12: Driver Education: B-1

INSTRUCTIONS ON HOW TO ANSWER QUESTIONS. In the box at the right of each statement, IF YOU

STRONGLY AGREE . . . . write in the number 1
AGREE, BUT NOT STRONGLY . . write in the number 2
NEITHER AGREE NOR DISAGREE . write in the number 3
DISAGREE, BUT NOT STRONGLY . write in the number 4
STRONGLY DISAGREE. . . . . . write in the number 5

SET 1

1. If a person concentrates hard enough, he or she can overcome any effect that drinking may have upon driving. ☐

2. If you drive home from a party late at night when most roads are deserted, there is not much danger in driving after drinking. ☐

3. It's all right for a person who has been drinking to drive, as long as he or she shows no signs of being drunk. ☐

4. If you're going to have an accident, you'll have one anyhow, regardless of drinking. ☐

5. A drink or two helps people drive better because it relaxes them. ☐

TO GET YOUR SCORE FOR SET 1: ADD the column of numbers and write the sum in the box to the right. ☐

SET 2

6. If I tried to stop someone from driving after drinking, the person would probably think I was butting in where I shouldn't. ☐

7. Even if I wanted to, I would probably not be able to stop someone from driving after drinking. ☐

8. If people want to kill themselves, that's their business. ☐

9. I wouldn't like someone to try to stop me from driving after drinking. ☐

10. Usually, if you try to help someone else out of a dangerous situation, you risk getting yourself into one. ☐

TO GET YOUR SCORE FOR SET 2: ADD the column of numbers and write the sum in the box to the right. ☐

INSTRUCTIONS ON HOW TO ANSWER QUESTIONS. In the box at the right of each statement, IF YOU

STRONGLY AGREE . . . . write in the number 1
AGREE, BUT NOT STRONGLY . . write in the number 2
NEITHER AGREE NOR DISAGREE . write in the number 3
DISAGREE, BUT NOT STRONGLY . write in the number 4
STRONGLY DISAGREE. . . . . . write in the number 5

SET 3

11. My friends would not disapprove of me for driving after drinking. ☐

12. Getting into trouble with my parents would not keep me from driving after drinking. ☐

13. The thought that I might get into trouble with the police would not keep me from driving after drinking. ☐

14. I am not scared by the thought that I might seriously injure myself by driving after drinking. ☐

15. The fear of damaging the car would not keep me from driving after drinking. ☐

TO GET YOUR SCORE FOR SET 3: ADD the column of numbers and write the sum in the box to the right. ☐

SET 4

16. The 55 mile per hour speed limit on the open road spoils the pleasure of driving for most teenagers. ☐

17. Many teenagers use driving to let off steam. ☐

18. Being able to drive a car makes teenagers feel more confident in their relations with others their age. ☐

19. An evening with friends is not much fun unless one of them has a car. ☐

20. There is something about being behind the wheel of a car that makes one feel more adult. ☐

TO GET YOUR SCORE FOR SET 4: ADD the column of numbers and write the sum in the box to the right. ☐

HANDOUT
9-12: Driver Education: B-1

INSTRUCTIONS ON HOW TO ANSWER QUESTIONS. In the box at the right of each statement, IF YOU

STRONGLY AGREE . . . . write in the number 1
AGREE, BUT NOT STRONGLY . . write in the number 2
NEITHER AGREE NOR DISAGREE . write in the number 3
DISAGREE, BUT NOT STRONGLY . write in the number 4
STRONGLY DISAGREE. . . . . . write in the number 5

SET 5

21. I usually do things that everybody else is doing. ☐

22. What my friends think of me is the most important thing in my life. ☐

23. I would ride in a friend's car even if that person has been drinking a lot. ☐

24. Often I do things just so I won't feel left out of the group I'm with. ☐

25. I often worry about what other people think about things I do. ☐

TO GET YOUR SCORE FOR SET 5: ADD the column of numbers and write the sum in the box to the right. ☐

SET 6

26. Adults try to stop teenagers from driving just to show their power. ☐

27. I don't think it would help me to go to my parents for advice. ☐

28. I feel I should have the right to drink if my parents do. ☐

29. My parents have no real understanding of what I want out of life. ☐

30. I wouldn't dare call my parents to come and take me home if either I or a friend I was with got drunk. ☐

TO GET YOUR SCORE FOR SET 6: ADD the column of numbers and write the sum in the box to the right. ☐

HANDOUT
9-12: Driver Education: B-1

INSTRUCTIONS ON HOW TO ANSWER QUESTIONS. In the box at the right of each statement, IF YOU

STRONGLY AGREE . . . . write in the number 1
AGREE, BUT NOT STRONGLY . . write in the number 2
NEITHER AGREE NOR DISAGREE . write in the number 3
DISAGREE, BUT NOT STRONGLY . write in the number 4
STRONGLY DISAGREE. . . . . . write in the number 5

SET 7

31. I can't help getting into arguments when people disagree with me. ☐
32. If people annoy me, I am apt to say what I think of them. ☐
33. At times, I have a strong urge to do things that may be harmful or shocking to others. ☐
34. I usually take a person up on a dare. ☐
35. I easily become impatient with others. ☐

TO GET YOUR SCORE FOR SET 7: ADD the column of numbers and write the sum in the box to the right. ☐

SET 8

36. I often act on the spur of the moment without thinking things through. ☐
37. I tend to change my mind abruptly. ☐
38. From time to time, I do things that are really reckless. ☐
39. Often I don't consider the consequences before I do things. ☐
40. There have been times when I felt like smashing things. ☐

TO GET YOUR SCORE FOR SET 8: ADD the column of numbers and write the sum in the box to the right. ☐

NOW, TO FIND OUT WHAT YOUR SCORES FOR EACH OF THE SETS MEAN, READ THE DESCRIPTIONS ON THE NEXT PAGES.

HANDOUT
9-12: Driver Education: B-1

SET 1. RATIONALIZATION; FOOLING YOURSELF; MANUFACTURED REASONS FOR DRIVING AFTER DRINKING.

Most people find themselves in situations at one time or another where they have been drinking or are invited to be a passenger with a driver who has been drinking. When this happens, persons with scores between 13 and 25 tend to be realistic in facing up to these situations rather than finding excuses to mix drinking and driving.

Persons with scores of 5 or 6 on the other hand, more often manufacture reasons to excuse combining alcohol and cars. Making up reasons why it is all right to do this may be dangerous because many times people are not able to judge whether their driving ability is impaired. The result can be an accident or worse.

SET 2. TAKING RESPONSIBILITY FOR OTHERS; CARING ABOUT PEOPLE

To what extent should a person take responsibility for the action of others? Are we "butting in" or just being a good friend when we try to keep someone from driving drunk? If you scored between 15 and 25 on Set 2, you are not as likely to just mind your own business when you know that a friend, or even an acquaintance, is headed for trouble.

A score between 5 and 9 says you wouldn't take steps to keep a friend who was drunk from driving a car.

Stopping a drunk is everyone's business to end the numerous deaths on the highway due to drunk driving. And it may not just be your friend's life you will be saving. It may be your own.

SET 3. CONSEQUENCES OF DRINKING AND DRIVING; FACTORS AFFECTING DECISION TO DRINK AND DRIVE

Persons who get a score between 12 and 25 on Set 3 hesitate to drive after drinking for a variety of reasons, including possible involvement with the police or killing or injuring someone.

A score between 5 and 7 indicates that you do not take these consequences seriously, and therefore would not consider them a deterrent to driving after drinking.

Statistics show that this is not very wise, because many teenagers do end up killing themselves or other people when they drink and drive.

SET 4. PERCEIVED PSYCHOLOGICAL BENEFITS OF DRIVING; WHAT DRIVING DOES FOR YOU

Persons with scores between 19 and 25 on Set 4 do not believe that cars are all that important in their personal lives, other than simply as a means of transportation.

For those with scores between 5 and 14, however, automobiles serve far more than just transportation needs, including the need to appear grown-up, or to experience thrills that might come from driving with excessive speed.

Using cars to satisfy psychological needs rather than simply as a means of getting from one place to another may not alone cause problems, but when cars are associated with alcoholic beverages, the combination may be deadly.

SET 5. PEER PRESSURE; INDEPENDENCE OF VALUES

Most teenagers need to have a sense of belonging; some carry it so far as to worry excessively about what others think of them and even do thing they know are wrong, just to go along with the crowd. A score between 16 and 25 indicates that, although you may care about what others think of you, you don't necessarily act against your own beliefs and values.

If you feel that it is more important than most anything else to go along with the crowd, even when you are pretty sure you shouldn't, you will generally score between 5 and 10 on this set.

It's not wrong to want to identify with a group you like. But, those with low scores on this set may wish to ask themselves when is it more important to hold on to your own beliefs and values than to give them up and go along with the group. The stakes can be especially high when going along with the group involves drinking and driving.

SET 6. PARENT PRESSURE; ADULT CONTROL OVER TEENAGE BEHAVIOR

Some teenagers feel that persons in authority, particularly parents, do not understand them and therefore impose unrealistic demands on them, such as not allowing them to drink at all, or allowing them to drink only moderately, or insisting that they drive within speed limits.

A score between 18 and 25 on Set 6 means you are more willing to listen and often accept adult and parental responsibility and concern for your safety.

A score between 5 and 10, on the other hand, means that you tend more often to reject that concern or advice.

Teenagers naturally resent parental or other adult control, since adolescence is a time when need for independence develops.

But teenagers need to understand this and to measure adult advice and controls in terms of whether or not they are really in the teenagers' best interests. When it comes to drinking and driving (considering the number of deaths on the highway) they often are.

SET 7. REACTING WITH HOSTILITY TO OTHERS

A teenager who tends to be patient with others and calmer in reacting to them scores between 17 and 25 on this set.

Scorers between 5 and 11, however, tend to be impatient, sometimes feel like smashing thinks and may tell people off. Many people feel this way occasionally, but teenagers who feel this way often may become dangerous drivers - particularly when they drink. They may become angry with another driver and are likely to take a risk to "get back at" someone they thing has pushed them around. Scorers between 17 and 25 will more often control these more aggressive reactions to other people. Teenage is a time to learn control over this type of hostility which, if unchecked, can lead to an act whose consequences can be shattering to everyone involved. At the least, people who tend to be impatient with others should recognize that adding alcohol and cars may be tempting fate.

SET 8. LOOKING BEFORE YOU LEAP

If you obtained a score between 19 and 25 on Set 8, you are likely to think before you act, to go more slowly in planning your actions.

If you obtained a score between 5 and 12, however, you probably tend to do things impulsively, without stopping to think, and may go to the point of being dangerously reckless.

Thinking ahead may take just a few seconds, but it can save a life. Ask yourself: If I drink and then drive, what could happen? Is it worth the chance? Is there a better way - a safer way?

NOW THAT YOU KNOW HOW YOU STAND AS AN INDIVIDUAL, COMPARE YOUR RESULTS WITH THOSE OF THE 3,000 OR SO PENNSYLVANIA HIGH SCHOOL STUDENTS WHO TOOK THE SELF-TEST. YOU CAN DO THIS ON THE NEXT PAGE.

PLOT YOUR PROFILE

The chart on the following page shows the range of scores received by the 3,000 or more Pennsylvania high school students on each of the eight Sets of scores on this Self-Test. As you can see, the chart has three areas:

☐ An unshaded area, which represents average scores. If your score on any Set falls in the unshaded area, your answers are like those of the middle 50% of the 3,000 high school students.

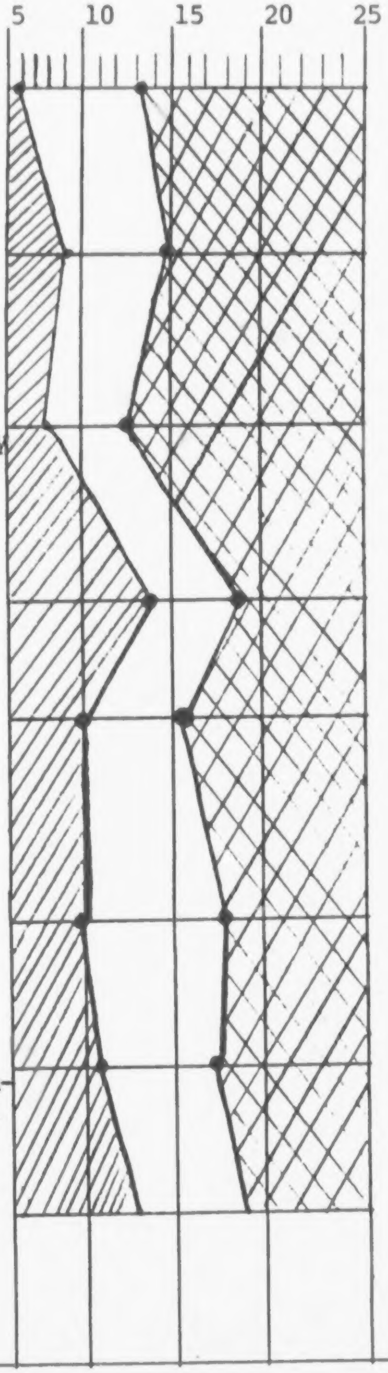
▨ A shaded area. If your score falls in a shaded area on a Set, your answers are like the 25% of the students on the left-hand side of the chart.

▩ An area filled with crisscross lines. If your score on a Set falls in one of these areas, your answers are like those of the 25% of the students on the right-hand side of the chart.

To plot your profile, do the following:

1. For each of the eight Sets, place a dot on the line to to show what score you received on that Set. (The score for each Set is the one you added up on the Self-Test itself.)
2. Connect the dots. You will then see at a glance where you stand in relation to others in Pennsylvania.

CHART OF SCORES ON SELF-TEST FOR PENNSYLVANIA HIGH SCHOOL STUDENTS



SET 1. FOOLING YOURSELF You are more likely than others to make excuses for your actions.	**SET 1. FOOLING YOURSELF** You are less likely than others to make excuses for your actions.
SET 2. RESPONSIBILITY FOR OTHERS You feel less responsibility to protect others.	**SET 2. RESPONSIBILITY FOR OTHERS** You feel more responsibility to protect others
SET 3. CONSEQUENCES OF DRINKING AND DRIVING You do not take seriously consequences of drinking and driving.	**SET 3. CONSEQUENCES OF DRINKING AND DRIVING.** You take consequences of drinking and driving seriously.
SET 4. WHAT DRIVING MEANS TO YOU Cars are very important to your personal life.	**SET 4. WHAT DRIVING MEANS TO YOU** Cars are less important to your personal life.
SET 5. PEER PRESSURE Going along with the group is very important, even if you really don't think you should.	**SET 5. PEER PRESSURE** You are less likely to go along with the group if you don't want to.
SET 6. FEELING ABOUT ADULTS You very often reject adult authority.	**SET 6. FEELING ABOUT ADULTS** You less often reject adult authority.
SET 7. IMPATIENCE WITH OTHERS You are less able to control impatient feelings.	**SET 7. IMPATIENCE WITH OTHERS** You are more able to control impatient feelings.
SET 8. LOOKING BEFORE LEAPING You tend less to think things through before you do them.	**SET 8. LOOKING BEFORE LEAPING** You tend more often to think things through before doing them.

HANDOUT
9-12: Driver Education: B-1

DO I HAVE THE FACTS?

Now that you know what your attitudes and feelings are, see how much you know about the FACTS concerning drinking and driving. Answer the questions on the next page, then score yourself using the numbers given on the page following the test. Once again you will be able to compare your scores with a sample of the 3,000 high school students in Pennsylvania who answered the same questions.

HANDOUT 9-12: Driver Education: B-1

KNOWLEDGE TEST

DIRECTIONS: Answer "T" for True; "F" for false.

1.	Mixing different kinds of drinks can increase the effect of alcohol.		1
2.	The average (four ounce) drink of wine is less intoxicating than the average (one ounce) drink of hard liquor.		2
3.	A can of beer is less intoxicating than an average drink of hard liquor.		3
4.	A cold shower can help sober up a person.		4
5.	A person can be drunk and not stagger or slur his speech.		5
6.	It is easy to tell if people are drunk even if you don't know them well.		6
7.	A person drinking on an empty stomach will get drunk faster.		7
8.	People's moods help determine how they are affected by alcohol.		8
9.	A person who is used to drinking can drink more.		9
10.	A person who weighs less can get drunk faster than a heavier person.		10
11.	Out of every ten traffic deaths, up to five are caused by drinking drivers.		11
12.	The surest way to tell is a person is legally drunk is by the percent of alcohol in the blood.		12
13.	People who are drunk cannot compensate for it when they drive.		13
14.	In a fatal drunk driving accident, the drunk is usually not the one killed.		14
15.	Drinking black coffee can help sober up a person.		15
16.	Alcoholic beverages are a stimulant.		16

TURN THE PAGE FOR CORRECT ANSWERS

HANDOUT
9-12: Driver Education: B-1

SCORING THE KNOWLEDGE TEST

Here are the correct answers. Your score is the number of correct answers.

QUESTION	CORRECT ANSWER	QUESTION	CORRECT ANSWER
1	F	9	F
2	F	10	T
3	F	11	T
4	F	12	T
5	T	13	T
6	F	14	F
7	T	15	F
8	T	16	F

HOW GOOD IS MY SCORE?

Compare your score with the scores of teenage students in schools across Pennsylvania who answered the same questions:

A correct score of	Places you in
13 or more	The top quarter
11 or 12	The second quarter from the top
9 or 10	The third quarter from the top
8 or less	The lowest quarter

Goal: The student will demonstrate an appreciation of his/her worth as a person.

Objective: Explore alternatives for coping with drug related problems.

Learning Concept Coping

Vocabulary: fictional

Academic Focus: Driver Education

RESOURCES:

ACTIVITY

1. Have students write a short, fictional letter to "Dear Abby" concerning a problem related to drug use. The problem could involve self, a friend, a family member, etc. The letters should remain anonymous; the students should not sign their real names but could use an alias (Desperate in Detroit, Lonely in Los Angeles, etc.).

2. Collect the letters. Distribute them to the class, making sure that no one gets his/her own letter back. Have the students respond to the letters as "Abby."

3. Collect the sets of letters and select two to be read in front of the class. Have one student read the "Dear Abby" letter and another read the response. Discuss with the class. Ask for any additional responses besides the one suggested in the letter.

EVALUATION COMPONENT

1. The Blood Alcohol Content level which indicates legal intoxication in Mississippi is:

   a. .05%
   b. .10%
   c. .20%
   d. .50%

2. The term Blood Alcohol Content is defined as ____________________

   ____.

3. Which of the following effects will be seen in a driver who is legally intoxicated?

   a. Impairment of vision
   b. Slowed reaction time
   c. Loss of muscular control
   d. All of the above

4. Marijuana affects driving behavior because it:

   a. increases agressiveness.
   b. makes the driver more willing to take risks.
   c. reduces concentration.
   d. increases the driver's reaction time.

5. Define the Implied Consent Law and its implications for you.__________

   ____

6. The number one killer of 16-24 year-olds in the U.S. is:

   a. diseases.
   b. home accidents.
   c. suicides.
   d. accidents caused by drinking and driving.

7. The amount of alcohol present in someone's blood can be tested by:

   a. a breath test.
   b. a urine test.
   c. a blood test.
   d. all of the above.

8. List three effects of alcohol on the brain.____________________

   ____

EVALUATION COMPONENT RESPONSES

1. (a)

2. Blood Alcohol Content is the level of alcohol in the blood of an alcohol user.

3. (d)

4. (c)

5. The Implied Consent Law means that if you operate a motor vehicle in the state of Mississippi upon public highways, roads, and streets, you have given your consent to take a chemical breath test to determine your blood alcohol concentration. If refused, you may lose the privilege to operate a motor vehicle.

6. (d)

7. (d)

8. Any three of the following: impairment of vision, slowed reaction time, loss of muscular control, impaired judgement, changes in depth perception, drowsiness.

ENGLISH/LITERATURE

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: English/Literature: A-1	419	English/Literature	Information	The student will demonstrate an awareness of the role of substances in literature.	Analyze the role of substances in character development in literature.	LA.B-1 - 406; 407
9-12: English/Literature: A-2	420	English/Literature	Information	(same as above)	Express his/her own ideas about substances through literary creativity.	LA.B-1 - 394; 395
9-12: English/Literature: A-3	421	English/Literature	Information	(same as above)	Express drug knowledge through vocabulary development.	LA.B-2 - 64
9-12: English/Literature: B-1	426	English/Literature	Coping	The student will demonstrate responsible assertive behavior.	Demonstrate adaptive coping strategies.	H/PE - C164
9-12: English/Literature: B-2	428	English/Literature	Decision-Making	The student will demonstrate the ability to use decision-making skills in making effective judgments.	Identify alternatives to drug use in social situations.	H/PE - C186

Goal: The student will demonstrate an awareness of the role of substances in literature.

Objective: Analyze the role of substances in character development in literature.

Learning Concept Information

Vocabulary:

Academic Focus: English/Literature

RESOURCES:

ACTIVITY

1. Discuss the role of substances in literature. Point out that there are many instances in literature in which substances play a significant part in developing a character. Give the students some examples.

2. Have the students select a classic and write a one-page paper outlining the impact of substances on a particular character. In doing so, the student should look at the behavior of that character and also that character's influence on the plot and the outcome of the story.

Goal: The student will demonstrate an awareness of the role of substances in literature.

Objective: Express his/her own ideas about substances through literary creativity.

Learning Concept Information

Vocabulary:

Academic Focus: English/Literature

RESOURCES:

ACTIVITY

1. Explain that creative writing is one means by which a person can express his/her own thoughts and feelings.
2. Have the students write a short creative piece expressing their own views on substances. This may be a short story, essay, or poem. Encourage the students to be imaginative in expressing their own views.
3. Students may choose to share their ideas by combining their work into a class publication.

661

662

Goal: The student will demonstrate an awareness of the role of substances in literature.

Objective: Express drug knowledge through vocabulary development.

Learning Concept Information

Vocabulary:

Academic Focus: English/Literature

RESOURCES:

Dictionaries
Handout:
"Puzzled About Drugs"

Glossary, Appendix B

Paper
Ruler

ACTIVITY

1. Explain that there are many terms associated with drugs which the students may or may not be familiar with. In order to understand drugs and their effects on the body, it is necessary to have a good grasp of the vocabulary related to drugs.

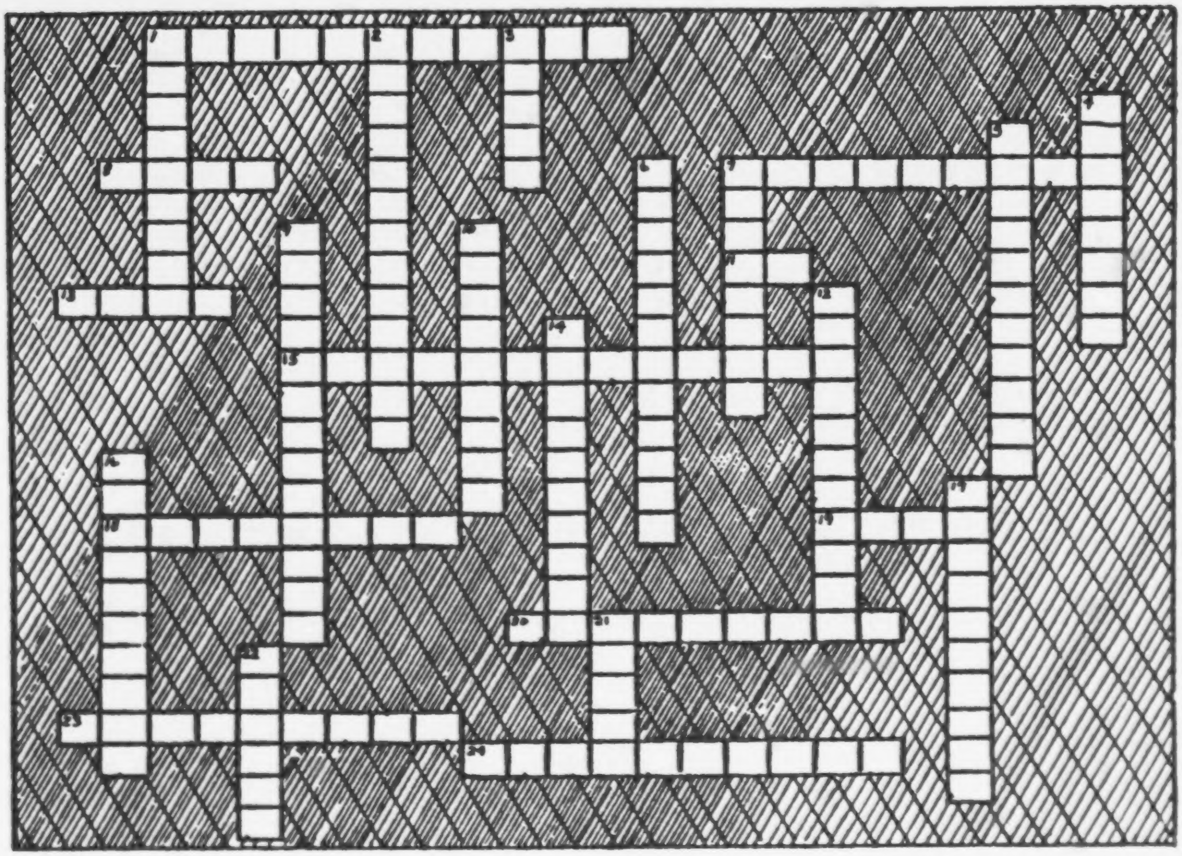
2. Distribute the handout, "Puzzled About Drugs." Have the students complete the crossword puzzle individually. Then go over the correct answers with the class.

3. While the students complete the crossword puzzle, choose drug-related terms from the Glossary, Appendix B, which were not listed here. Ask the students to write clues for these terms and then develop their own crossword puzzle. Assign each student approximately 5 terms. Provide adequate time to complete the project. When finished, have the students switch crossword puzzles and work each other's puzzles.

Adapted from Choosing For Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
9-12: English/Literature: A-3

Puzzled about drugs?



ACROSS

1. The medical action which a drug is supposed to have is called a ___________ effect.

7. Someone to whom a person can go for help with a drug problem is a ____________.

8. Any substance which, when taken into the body, has an effect on the body or the mind is a ______________.

11. You can say ________ when your friend asks you to do something you don't want to.

13. It is called ____________ pressure when your friends try to influence you to do something.

15. When someone sees and hears something that other people can't see or hear, it is called a _________________.

18. When people can't stop taking a drug because their body demands it, it is a ___________ dependence.

19. Any action produced by the drug that is not its prescribed medical action is called a _______________ effect.

20. A drug-like experience that recurs suddenly long after the initial effects have worn off is a _______________.

23. Aerosol sprays and glues that are inhaled and cause great damage to the brain and body are _____________.

24. People are meeting their need for _____________ when they "go along with the crowd."

DOWN

1. When someone needs to take more and more of a drug to get the same effect, that person has developed a _____________ to the drug.

2. ___________ is any item that is used, or intended to be used, in the preparation of abusing a drug, and is illegal to possess.

3. Any drug can become harmful to the body if enough of it is taken. When a drug poisons the body, it has become _____________.

4. A _____________ is a type of drug that relieves intense pain and both speeds up and slows down the body's functions.

5. Something to do instead of taking drugs is an _____________.

6. _______________ drugs affect the central nervous system and are also called mood altering drugs.

7. A type of drug that comes from a plant, alters perceptions, and whose negative effects on health are still being explored is called _________________.

9. When people can't stop taking a drug even though their body does not need it, it is a ______________ dependence.

10. A _____________ is a type of drug that will speed up body functions.

12. When two or more drugs are taken at the same time, they may cause a __________ effect.

14. The reaction people have when they stop taking a drug on which they were physically dependent on is called _____________.

16. A _____________ is a type of drug that will slow down body functions.

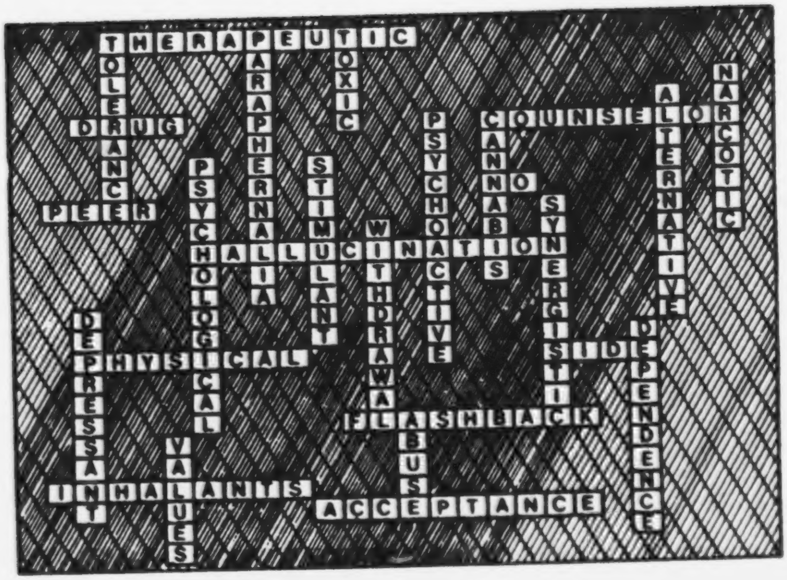
17. When a person has a ____________ on drugs, it is the same thing as being "hooked."

21. Taking a drug in such a way that it could cause harm to you or other people is called drug ____________.

22. Strongly held beliefs are called ______________.

WORD BANK

- abuse
- acceptance
- alternative
- cannabis
- counselor
- dependence
- depressant
- drug
- flashback
- hallucination
- inhalants
- narcotic
- no
- paraphernalia
- peer
- physical
- psychoactive
- psychological
- side
- stimulant
- synergistic
- therapeutic
- tolerance
- toxic
- values
- withdrawal


THERAPEUTIC
TOLERANCE
DRUG
PEER
PARAPHERNALIA
TOXIC
PSYCHOLOGICAL
STIMULANT
HALLUCINATION
WITHDRAWAL
PSYCHOACTIVE
CANNABIS
COUNSELOR
NO
SYNERGISTIC
SIDE
ALTERNATIVE
NARCOTIC
DEPENDENCE
DEPRESSANT
PHYSICAL
FLASHBACK
ABUSE
VALUES
INHALANTS
ACCEPTANCE

Goal: The student will demonstrate responsible assertive behavior.

Objective: Demonstrate adaptive coping strategies.

Learning Concept Coping

Vocabulary: pressures, cope

Academic Focus: English/Literature

RESOURCES:	ACTIVITY
Handout: "Everyday Pressures"	1. Distribute the handout, "Everyday Pressures." Ask students to complete the statements with their current method of coping. 2. Discuss adaptive coping strategies for some common everyday pressures listed. Ask students to generate possible strategies. 3. After completing, go back over the statements and put an * by any coping strategy currently used that the student would like to change. For all * responses, write a more ADAPTIVE coping strategy that the student will try to use in the future when coping with everyday pressures.

Adapted from SAPÉ, Substance Abuse Prevention Education, A Program of the Louisiana Department of Education

EVERYDAY PRESSURES

GOALS: The student will identify everyday pressures in his/her life and how he/she copes.

The student shares and hears how others react to life's pressures and responsibilities.

Complete the following:

WHEN I AM...

_____Being Bullied I cope by...

_____The center of attention I cope by...

_____Conforming to standards of others I cope by...

_____Late I cope by...

_____Accepting praise I cope by...

_____Meeting a schedule set by others I cope by...

_____Accepting criticism I cope by...

_____Feeling awkard I cope by...

_____Accepting responsibility I cope by...

_____Feeling self-confident I cope by...

_____Embarrassed I cope by...

_____Showing affection I cope by...

_____Being put down by others I cope by...

_____Dealing with a lack of consideration by others I cope by...

_____Handling angry feelings I cope by...

_____Taking on too many responsibilities I cope by...

_____Being offered drugs I cope by...

Goal: The student will demonstrate the ability to use decision-making skills in making effective judgements.

Objective: Identify alternatives to drug use in social situations.

Learning Concept Decision-making

Vocabulary:

Academic Focus: English/Literature

RESOURCES:

Handout:
"Party Skills"

ACTIVITY

1. Ask students to name the components of having a "good" party. What does it include?

2. Distribute the handout, "Party Skills." Read the questions on the handout to the class. Divide the class into four groups. Ask the students to answer these questions in the following way:

   - Group 1: as a 14-year-old
   - Group 2: as a 16-year-old (with a driver's license)
   - Group 3: as a 21-year-old (who is an older brother or sister)
   - Group 4: as a 45-year-old (who is a role model for his/her own children)

3. Ask each group to choose a spokesperson to report their group's decisions to the rest of the class. Conclude with a class discussion.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

PARTY SKILLS

In small groups, answer the questions as if you were the age assigned to your group:

ENTERTAINMENT

Are planned activities (or a game) necessary?

Desirable?

Hard to do?

GETTING A PARTY GOING

What activities do most groups use to get functions going?

Are there any other activities that you can think of that you'd like to try?

Are alcohol and other drugs necessary? Why or why not?

BOREDOM AT THE PARTY

What can each individual do to help prevent boredom? For oneself?

For others?

Describe some situations where boredom might result in drinking or other drug use.

What alternatives could be used?

EXCUSE TO ACT CRAZY OR SHOW OFF

Do you know people who won't dance or have a good time unless they've used drugs?

Why is an excuse needed?

Why do people need to act crazy or show off?

ENDING A PARTY

What makes a good replacement for alcohol or other drugs?

Can a person change the mood of a party?

Should certain people not drive home?

EVALUATION COMPONENT

1. Define the following drug terms:

   a. over-the-counter drug:

   b. stimulant:

   c. physical dependence:

   d. hallucination:

   e. toxicity:

   f. narcotic:

2. Read the following situations. In the space provided, describe at least two possible ways that the characters might cope with his or her feelings.

   a. John's parents have been having problems getting along. They seem to argue constantly. On Thursday night, John is trying to study for a history test. As usual, his parents begin to argue loudly. John finds it difficult to concentrate.

   b. Andrea has been best friends with Tina since third grade. She has just found out that Tina has been asked to join Lionettes, a popular club at school. Andrea has not been invited to join.

3. Write a stress-reducing plan for yourself that includes at least three adaptive coping strategies.

4. On the back of this paper, write a brief story in which someone's decision about drug use affected the safety of that person or of others. Include a solution.

EVALUATION COMPONENT RESPONSES

1. a. manufactured by drug companies; production regulated by federal government; may be purchased by anyone without prescription.
   b. any chemical which increases the activity of the central nervous system, usually resulting in sharpened reflexes and increased alertness.
   c. the physical urge to use a substance that a person cannot control; individual requires an increased dosage to get the same effect; physical withdrawal signs evident if use is stopped.
   d. a false perception in any of the five senses.
   e. the effect on the body of drugs used in sufficient quantity to poison the system(s).
   f. type of drug that relieves intense pain.

2. Answers will vary.

3. Answers will vary.

4. Paragraphs will vary.

LEVEL 9-12

GOALS AND OBJECTIVES

HEALTH

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Health: A-1	434	Health	Information	The student will demonstrate an understanding of the relationship between drug use and health.	Trace the path of alcohol through the body.	H/PE - 186
9-12: Health: A-2	441	Health	Information	(same as above)	Analyze reasons why drugs have different effects on people.	H/PE - 186
9-12: Health: A-3	444	Health	Information	(same as above)	Identify basic information about alcohol and its effects on health.	H/PE - 186
9-12: Health: B-1	450	Health	Self-Esteem	The student will demonstrate an appreciation of his/her worth as a person.	Recognize and express the importance of one's own feelings.	OC - 65
9-12: Health: B-2	453	Health	Coping	(same as above)	State the relationship between feelings about self and decisions about drug use.	OC - 66; 67

Goal: The student will demonstrate an understanding of the relationship between drug use and health.

Objective: Trace the path of alcohol through the body.

Learning Concept Information

Vocabulary: ingestion, absorption, oxidation

Academic Focus: Health

RESOURCES:	ACTIVITY
Teacher Information	1. (Prior to activity review teacher notes: Alcohol in the Body, Appendix A, pages 40-43.)
	2. Ask: "What happens when someone has a drink that has alcohol in it?"
Handout: "The Body" Visual: "Effects of Alcohol on the Body"	3. Distribute the handout, "The Body." Tell students to draw the path within the body that alcohol follows as you discuss each organ. Ask students to label organs and write brief notes on the handout. Use the visual transparency to show effects of alcohol on the body. Stress the following points: a. The process begins with ingestion. Alcohol is drunk, and goes right to the stomach. b. Absorption (into the bloodstream) begins in the stomach, but only about 20 percent of the alcohol is absorbed there. Most of the alcohol goes down to the small intestine and is absorbed there. c. Although absorption of food takes place relatively slowly as the food is digested, absorption of alcohol takes place very quickly. The presence of food in the stomach will, however, slow the process of absorption somewhat. It both dilutes the alcohol and cushions the wall of the stomach against

RESOURCES:

Handout:
"The Brain"
Visual:
"Effects of Alcohol on the Brain"

ACTIVITY

absorption. The rate of absorption depends on the amount of alcohol consumed (the more you drink, the more you absorb), the concentration of alcohol in the beverage (the presence of other liquids will slow down the absorption rate), the amount of food recently consumed, and the person's emotional state.

d. From the small intestine, the alcohol enters the bloodstream. There it is diluted in proportion to the amount of blood a person has. For this reason, larger persons (who have more blood) are often not as strongly affected by moderate amounts of alcohol as are smaller people.

e. The circulation of the blood through the body carries alcohol to all parts of the body, including the brain. As alcohol passes through the brain, it affects the brain's functioning in various ways, depending on the concentration in the bloodstream.

f. As the bloodstream carries the alcohol through the liver, the liver changes the alcohol to water, carbon dioxide, and energy. This is called oxidation, a process by which food is converted to heat and energy (calories). The oxidation process is slow; the liver can oxidize only about one-half ounce of alcohol (the amount in one average drink) per hour. Until all the alcohol is oxidized, the alcohol keeps circulating through all parts of the body, including the brain.

4. Distribute the handout, "The Brain." Use the visual to help trace the path of alcohol through the brain stressing the following:
   a. Alcohol's effect on the brain depends directly on its concentration in the blood. The Blood Alcohol Content (BAC) is the percentage of the alcohol in the bloodstream at a given time. The first parts of the brain to be affected are the outer layers of the cerebrum. The cerebrum controls judgment, reason, and inhibitions. The effect on the outer layers after 1 - 2 drinks is usually only to relax a person.
   b. After 2 - 3 drinks, the cerebrum is more deeply affected. Motor and sensory skills are weakened, such as judgment of distance.
   c. After 3 - 6 drinks, the effects of alcohol extend into the cerebellum. At this point the drinker's sense of hearing, speech, vision, and balance are altered.
   d. Here, also, night vision and depth perception are impaired, and sometimes double vision is experienced. Reaction time is measurably slowed, as is the ability to control and coordinate responses. How might this affect one's ability to drive a car?

RESOURCES:

ACTIVITY

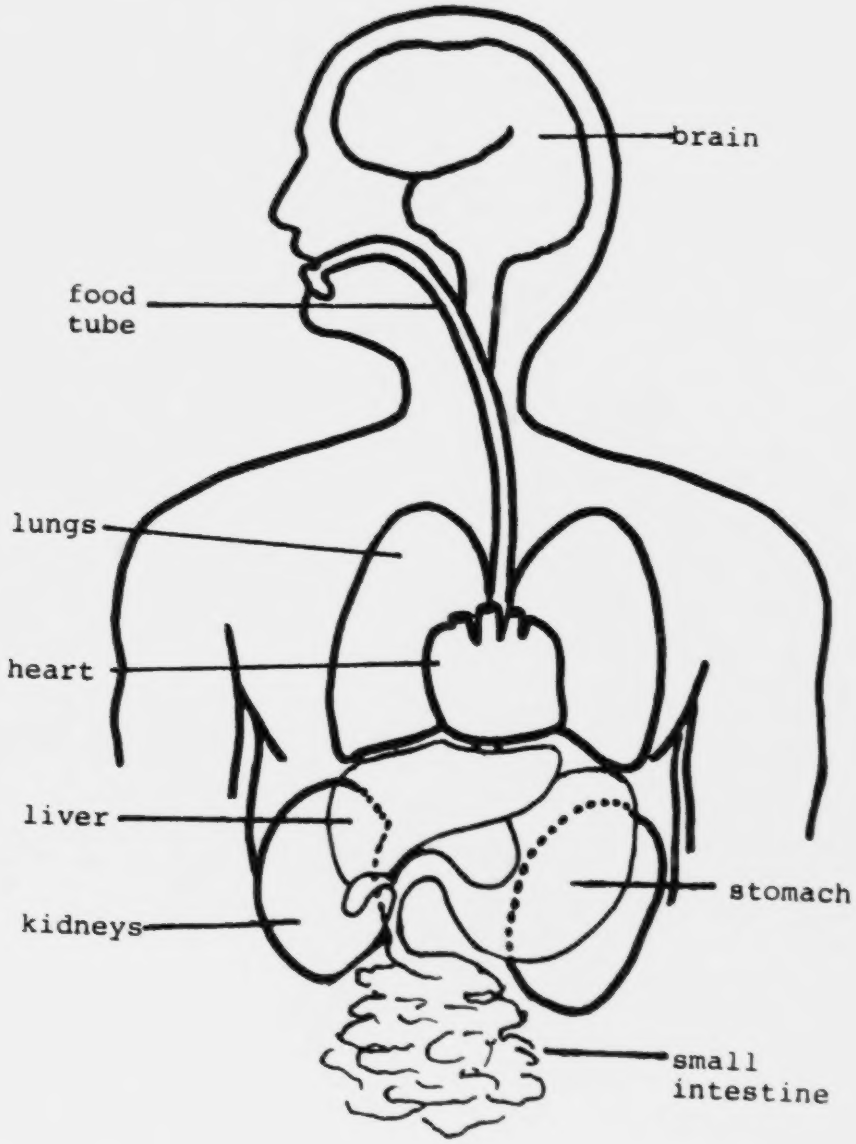
e. After 5 - 9 drinks, the entire cerebellum, which controls perception and coordination, as well as the parts of the medulla that control involuntary functions, are affected. Circulation is impaired, and unconsciousness may occur.

f. After more than 9 drinks, impairment can become life-threatening. Usually people in this condition are already unconscious, in a state of coma until the body can dispose of enough alcohol so that the nerve centers controlling consciousness can begin to function again.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
9-12: Health: A-1

THE BODY


brain
food tube
lungs
heart
liver
kidneys
stomach
small intestine

VISUAL AID
9-12: Health: A-1

THE EFFECTS OF ALCOHOL ON THE BODY

6

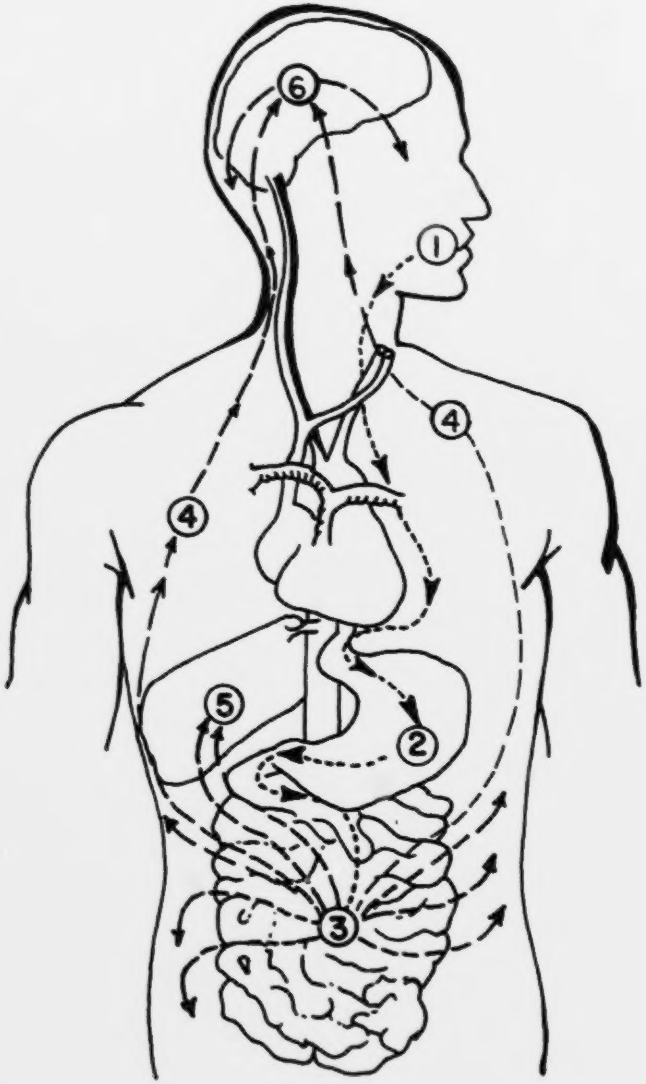
BRAIN. Alcohol goes to the brain almost as soon as it is drunk, and affects its functioning

5

LIVER. The bloodstream carries the alcohol through the liver, too. The liver changes the alcohol to water, carbon dioxide and energy. This process is called oxidation. The liver can oxidize only about 1/2 ounce of alcohol an hour.

4

BLOODSTREAM. The bloodstream then carries the alcohol to all parts of the body.



1

MOUTH. Alcohol is drunk.

2

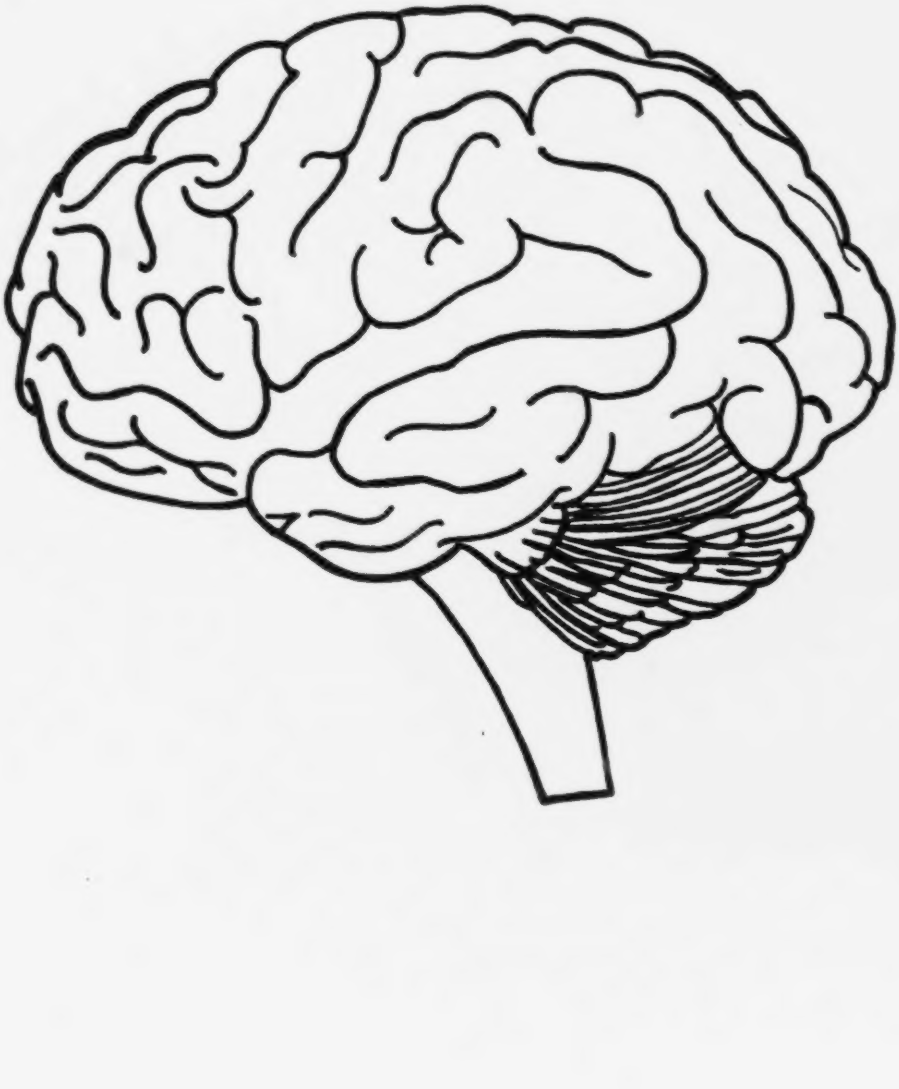
STOMACH. A little of the alcohol goes through the wall of the stomach and into the bloodstream. Most goes down to the small intestine.

3

SMALL INTESTINE. The alcohol then goes through the walls of the intestine and into the bloodstream.

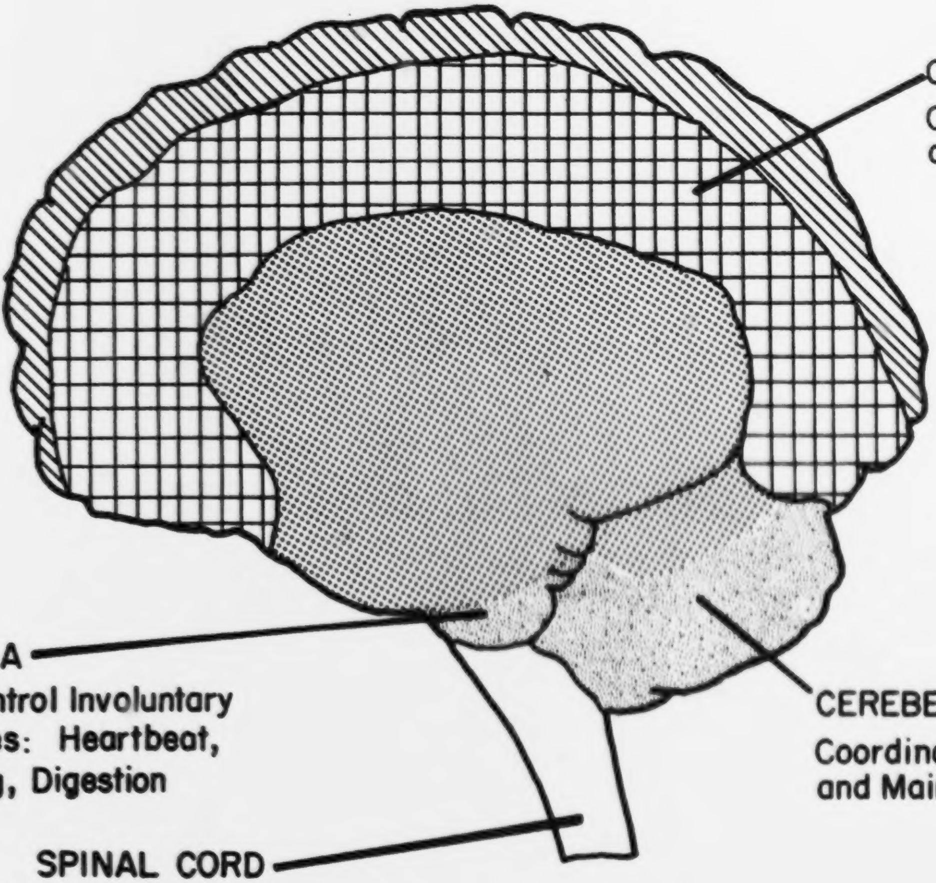
HANDOUT
9-12: Health: A-1

The Brain



VISUAL AID
9-12: Health: A-1

The Effects of Alcohol on the Brain



CEREBRUM
Conscious or voluntary control of reason

MEDULLA
Helps Control Involuntary Responses: Heartbeat, Breathing, Digestion

CEREBELLUM
Coordinates Skeletal Muscles and Maintains Balance

SPINAL CORD
Center of Reflexes Below the Neck

KEY:

One - Two Drinks BAC .01-.04	Two - Three BAC .05-.08	Three - Six BAC .09-.15	Five - Nine BAC .16-.
▨	▦	░	▒

Goal: The student will demonstrate an understanding of the relationship between drug use and health.

Objective: Analyze the reasons why drugs have different effects on people.

Learning Concept Information

Vocabulary: sober

Academic Focus: Health

RESOURCES:

ACTIVITY

1. Ask the students to describe any effects they have observed in people who have been drinking. These can be from personal observation or from television, movies, etc. List these on the board. Possible descriptors include:
   - silly
   - staggering
   - sleepy
   - nasty
   - argumentative
   - friendly.

Teacher Information: "Why Does Alcohol Have Different Effects on People?"

2. Ask: "What accounts for so many different effects on people who drink?" Lead a discussion using information found under "Why Does Alcohol Have Different Effects on People?"

3. Ask students ways they have heard of to sober up. Stress that, no matter what they have heard, only time can sober you up. Your liver burns off almost all of the alcohol in your body at a rate of a little less than one drink per hour. It takes approximately 60 to 90 minutes to sober up for each drink consumed. Coffee, cold showers, or exercise will not speed up this process. (See Activity 6: C-1 for Myths About Alcohol.)

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

WHY DOES ALCOHOL HAVE DIFFERENT EFFECTS ON PEOPLE?

Why do some people get silly drinking beer while others become sleepy? Why do some drinkers become nasty after a few mixed drinks while others get more friendly?

One reason is obvious: how a person feels and acts after drinking depends on *how much* alcohol he or she drinks. The person who has one beer is probably going to feel differently from a person who has five beers.

But not necessarily. The first person may drink one beer in thirty minutes, and the second drinker may take four hours to drink the five beers. If this happened, the alcohol may have the same effect on both of them. We saw earlier how the liver can change or oxidize about one-half ounce of actual alcohol into carbon dioxide, water, and energy *every hour*. If someone spaces five beers over four hours, this gives the liver just as much time to oxidize the alcohol in the beer as in the case of the drinker who drinks one beer in thirty minutes. So in both cases, not much alcohol stays in the bloodstream: the liver has been able to handle it almost as fast as it has been drunk.

So how alcohol affects a person depends not just on how much he or she drinks, but also *how fast*. The faster someone drinks, the more alcohol gets to and stays in the brain.

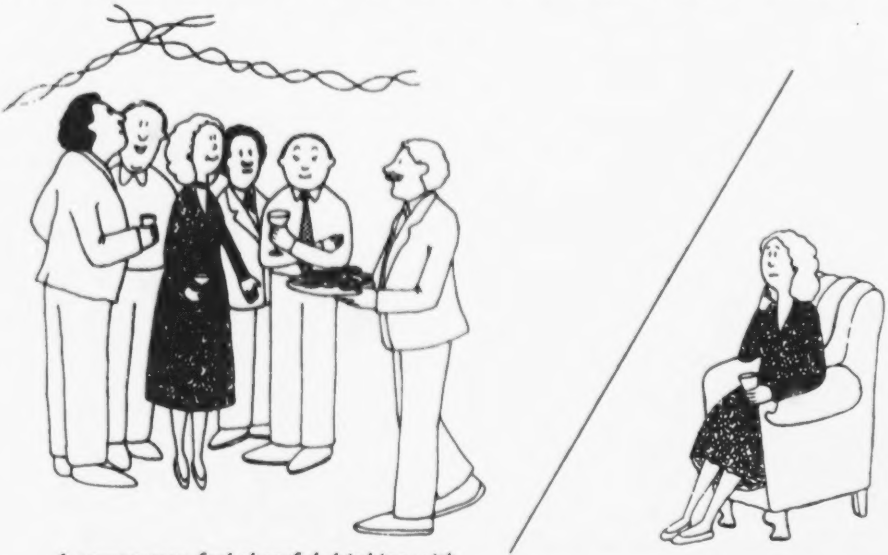
But why is it that often people who drink exactly *the same amount* of alcohol at *the same speed* still may feel or act differently from each other? Why does one person drinking three beers in an hour get clumsy and bump into things while someone else just seems to be a little more relaxed?

These different effects happen because how someone feels and acts after drinking also depends on the following things:

- *How much the drinker weighs.* A 180-pound person has more blood and water in his or her body than does a 120-pound person. So the same amount of alcohol will be more diluted in the heavier person's bloodstream, and it will not affect him or her as soon or as strongly as it will affect the 120-pound person.
- *How much experience the drinker has had with alcohol.* People who have drunk alcohol for many years have learned what it does to them. They can often be careful, if they don't drink too much, about what they say and do while they're drinking.
- *How much the drinker has eaten.* When people drink while they eat or shortly after eating, the food in their stomach makes it harder for the alcohol to get into the small intestine. And, as we saw earlier, *most* alcohol goes into the bloodstream and then to the brain only *after* it reaches the small intestine.

Food in the stomach slows down the passage of alcohol into the bloodstream.

- *How the drinker feels about alcohol.* Alcohol affects people in many ways. In addition to the way their bodies work, how people *think and feel* can make a very big difference. First of all, what a person *expects and wants* alcohol to do can help produce that effect. In fact, when some college students were given several drinks which they were told had alcohol in them (but didn't), they got "high" anyway. Since they expected to get high, they did – even without the alcohol!
- *How a person feels.* The mood a person is in when she or he drinks may also make a difference in what happens after drinking. A person who is sad may just feel more unhappy after drinking.
- *Where people drink.* The situations in which people drink can also make a difference in how alcohol affects them. Someone who drinks at a party may feel very happy. Drinking alone at home the next week, this same person may feel lonely.



A person may feel cheerful drinking with others at a party but .... sad drinking at home alone.

As we can see, there are many reasons why people often feel and act differently from each other when they drink. How alcohol affects people depends on:

- how *much* they drink
- how *fast* they drink
- how much they *weigh*
- how much drinking they've done *in the past*
- how much they've *eaten*
- what they *expect and want* drinking to do to them
- how they *feel* when they begin drinking
- *where* they drink

So when people say, "Oh, alcohol makes you feel this way" or "drinking does that to you," they are often wrong. We can't talk about how alcohol affects people unless we say *how much* alcohol we're talking about, *how fast* it's drunk, and all the other things we've listed above which influence what drinking does to people.

This means, too, that it's often very difficult to *know* how someone will act or feel when he or she drinks. Only after many years of drinking can people be pretty sure how one, three or ten drinks will make them feel or act. By that time, they have usually *learned* what happens to them when they drink.

Goal:

The student will demonstrate an understanding of the relationship between drug use and health.

Objective:

Identify basic information about alcohol and its effects on health.

Learning Concept Information

Vocabulary: ethanol, oxidize

Academic Focus: Health

RESOURCES:

Teacher Information:
"The Alcohol
Information Game"

ACTIVITY

1. As a comprehensive review of basic information about alcohol and its effects, play the "Alcohol Information Game" with the students.

2. As the teacher, you are the moderator. Ask the questions in chronological order, one at a time. They offer increasing challenge. Before asking a question, announce the number of points it is worth. The timekeeper should allow 15 seconds per question for the answer. Players confer with their team captain, who announces the answer. Any questions not answered correctly will be offered to the next team, except for true-false questions. When a contestant gives a correct answer, you should enthusiastically announce "correct!" and then read the explanation for the benefit of the other teams.

3. Try to keep the questioning going at a brisk and interesting pace. Players should not become preoccupied with the scoreboard. The purpose of the game is to learn and review factual information in a way that is fun.

4. After all the questions have been asked, have the scorekeeper total the team points. Review again any questions on which all teams did poorly.

RESOURCES:	**ACTIVITY**
Handout: "The Alcohol Information Game, Questions and Answers"	5. Following the game, distribute copies of the questions and answers handout for the students to review at home.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
9-12: Health: A-3

THE ALCOHOL INFORMATION GAME - QUESTIONS AND ANSWERS

After you have used the quiz questions in class, take this home and see how well you answer the questions yourself. When you are finished, try the questions out on a family member or a friend. Place a check in the circle to the right of the question for every correct answer. Questions 1 through 14 are worth 5 points, and questions 15 through 22 are 10 points each. Add the number of correct answers to find your score. A perfect score is worth 140 points.

QUESTIONS AND ANSWERS	CORRECT

1. For 5 points:

What is the chemical substance that makes all alcoholic beverages intoxicating? ○

Ethanol, ethyl alcohol. (If team answers alcohol, ask what kind).

- Liquor products, such as whiskey, wine, beer - all alcoholic beverages - contain ethanol. The concentration of ethanol determines the potency of an alcoholic beverage effect on you.

2. For 5 points:

True or false: Alcohol is a stimulant. ○

False. Alcohol is a depressant.

- Even though a little alcohol can release inhibitions and make a person forget his/her fatique, alcohol is not a stimulant. Greater amounts progressively depress the central nervous system.

3. For 5 points:

The proof stated on the bottle is equal to twice the amount of alcohol it contains. What percentage of ethanol is contained in 90-proof whiskey? ○

45 percent.

4. For 5 points:

About how much alcohol is contained in a 12-ounce of beer? ○

½ ounce.

- Despite its relatively mild alcoholic reputation, if you drink a lot of beer, you drink a lot of alcohol.

5. For 5 points:

True or false: Alcohol is not digested like other foods. ○

True.

- That is why it acts on you so fast and why it seem to "go to your head."

6. For 5 points:

About 20 percent of the alcohol you consume is absorbed through your stomach. Where is the other 80 percent absorbed? 0

In the small intestine.

- Alcohol is absorbed faster by the small intestine than by the stomach.

7. For 5 points:

Alcohol affects behavior through which part of the body? 0

The brain.

- Different behaviors are affected by the action of alcohol on different parts of the brain.

8. For 5 points:

How does alcohol get to the brain? 0

It is carried to the brain through the bloodstream.

- The higher the blood alcohol content (BAC), the greater the effect on the functioning of the brain and nervous system.

9. For 5 points:

Will taking a cold shower or drinking hot coffee make you sober? 0

No.

- Taking a cold shower or drinking coffee merely allows the passage of time; it does not create sobriety be increasing the rate the alcohol passes through the body. Time is the only known remedy.

10. For 5 points:

Name one way to measure the amount of ethanol in a person's body. 0

Blood, urine, breath samples can reveal the concentration of ethanol in a person's system.

- These procedures are quite accurate. Police usually use a breath-testing device on suspected intoxicated drivers because of the test's convenience and accuracy.

11. For 5 points:

What results when a person drinks alcohol at a faster rate than his/her body can oxidize it? 0

Intoxication.

- Remember, drinking doesn't have to mean intoxication. People can drink alcoholic beverages at rates or in amounts that do not necessarily cause intoxication.

12. For 5 points:

Name three factors other than amount of alcohol drunk that influence how it will affect you when it is absorbed. 0

Amount of alcohol in beverage consumed; rate of consumption; amount of food in stomach; nonalcoholic substances in beverage; emotions (i.e., stress, fear, anger); body weight; tolerance.

- Any of these answers is correct.

13. For 5 points:

Does food in the stomach increase or decrease the speed of alcohol absorption? 0

It decreases the speed of absorption.

- Food both dilutes the alcohol and cushions the wall of the stomach against absorption.

14. For 10 points:

True or false: There is approximately the same amount of ethanol in a 1-ounce shot of 100-proof distilled spirits, a 4-ounce of table wine, and a 12-ounce can of beer. 0

True.

- An average serving of each has about the same alcohol content, about ½ an ounce, and is equally intoxicating.

15. For 10 points:

Which of the following are impaired by intoxication: judgment, memory, coordination, auditory and visual perception? 0

All of the above.

- Different skills and behavior are affected as intoxication affects different parts of the brain. Alcohol's effect on the brain depends directly on the amount of alcohol in the blood.

16. For 10 points:

True or false: Two people of the same weight and physical condition will have the same physical and psychological reactions to an equal amount of alcohol. 0

False.

- An individual's reaction to alcohol involves too many different physical, and psychological factors to assume that any two people's reaction will be the same.

17. For 10 points:

True or false: One person will have the same physical and psychological reactions to alcohol every time he/she drinks the same amount. 0

False.

- The same person may react differently on different occasions. Each individual's physical and psychological make-up, drinking experience, and condition and mood on any one occasion can affect the rate and intensity of reactions to an ounce of alcohol on every occasion.

18. For 10 points:

What is the condition in which a person requires increasing amounts of alcohol in order to achieve the same effect as formerly was achieved by much smaller quantities of alcohol? 0

Tolerance is the condition in which the body responds less and less to repeated use of the same drug.

- In this case the drug is alcohol, so that a greater dose is required to achieve the former effect.

19. For 10 points:

What is the first center of the brain tobe affected by alcohol use? 0

The cerebrum.

- This center controls judgment, inhibitions, and response to emergencies. Reaction times are slowed.

20. For 10 points:

True or false: A person's mood can influence the way alcohol affects him/her: 0

True.

- Although alcohol may not affect an individual in the same way every time it is consumed, its effect is influenced by a person's mood.

Goal: The student will demonstrate an appreciation of his/her worth as a person.

Objective: Recognize and express the importance of one's own feelings.

Learning Concept Self-Esteem

Vocabulary: risk

Academic Focus: Health

RESOURCES:

ACTIVITY

1. Introduce the concept of risk-taking by explaining that there are many different times in life when we are faced with a choice--to take a challenge or to go the safer route. It is usually not clear-cut which is the best decision to make, but life without some choice-making or risk-taking for most people would be very boring. Taking risks influences how we feel about ourselves. Taking a risk can help us grow, extend our abilities, expand our horizons. A risk successfully taken, such as backpacking or water skiing or an advanced course, will make you feel better about yourself. Other risks, while not involving personal danger, also affect how people think about themselves and how others think of them (for example, taking a stand on an unpopular issue).

2. Explain that some risks are foolish. They place us or others in unnecessary danger without much to be gained. Most people can think of a time when they later thought, "Why did I do that?" In such situations, people either don't consider the danger beforehand, or ignore it, thinking "It won't happen to me."

3. Explain that just as it is important to know when and how to say no, it is equally important to know how to say yes! Accepting a difficult challenge can help you discover new things about yourself and new limits to your abilities. Saying "yes" can provide you with challenge, excitement, and fun when the choice

RESOURCES:

ACTIVITY

is right. Good judgement is vital in knowing when to accept a challenge; take a risk.

4. Ask: Do you know of a person who accepted a challenge and achieved something great for him/herself or others because of it? Allow students to give examples. Think of a time when you accepted a challenge to do something you didn't think you could do. What was the result? How did you feel about yourself?

5. State: Sometimes saying "yes" is necessary in a crisis such as throwing a life saver to a drowning swimmer and pulling him in or catching a child falling from a jungle gym. Usually, though, saying "yes" means putting forth the effort to accept a more personal challenge--trying out for glee club when no one else is interested or working to improve your science grade because the subject always gives you trouble. Saying "yes" to such small goals often pushes people to a better place today than they were yesterday. Although the goal is not big, it has the added benefit of giving people a sense of accomplishment and competence.

Handout:
"Taking Risks"

6. Distribute the handout, "Taking Risks." Ask students to complete I (1-5) independently. Then divide the class into groups of three to discuss their responses to I. Students may choose not to discuss their answers to I. Discuss II (1-4) with members of the group.

7. Following group discussion, briefly discuss the handout as a class.

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
9-12: Health: B-1

TAKING RISKS

I. Think of a time you took a risk which you later realized could have (or did) become dangerous for you or someone else. Briefly answer the following questions:

   1. What was the situation?

   2. Why did you do it?

   3. Who were you with?

   4. What actually happened?

   5. What could have happened?

II. Tell of a risk or challenge you have taken which resulted in feeling better about yourself.

   1. When faced with the risk, what was your biggest fear?

   2. Did you consider the consequences before?

   3. What helped you make up your mind to take the risk?

   4. How will accepting that challenge help you in the future?

Goal: The student will demonstrate an appreciation of his/her worth as a person.

Objective: State the relationship between feelings about self and decisions about drug use.

Learning Concept Coping

Vocabulary: self-image, vascillating, anxious, nervous

Academic Focus: Health

RESOURCES:

Handout:
"Take a Close Look"

ACTIVITY

1. Distribute the handout, "Take a Close Look." Ask students to complete the handout and score it according to the directions given. (Scoring criteria: total all odd statements; total all even statements. Tell students that their scores will not be shared with the class.)

2. Discuss with the students the following personality profiles for odd and even statements, asking them to determine which profile describes them best.

   Score on the ODD statements:

   A score of 0 - 10 on the odd statements would mean you are a "Self-Assured Susan or Sam." You do not need a great deal of approval from other people. You are honest about your accomplishments and are able to deal responsibly with disappointments.

   A score of 11 - 20 on the odd statements would mean you are a "Vascillating Valerie or Victor." You sometimes feel positive about yourself but often let others' opinions sway you. You may be able to ask others for help, but feel inferior when you do so.

RESOURCES:

ACTIVITY

A score of 21 - 30 on the odd statements would mean you are a "Nervous Nancy or Ned." You may not feel good about yourself, or you may have a poor self image. You tend to allow others' opinions to direct your feelings and actions.

Score on the EVEN statements:

A score of 0 - 10 would mean you are an "Anxious Andy or Amy." You may not feel very good about yourself, or you may have a poor self-concept. Perhaps you are unable to act assertively, unsure about taking responsibility, or let other people affect how you feel about yourself. Making decisions may be scary for you and you may decide to do what others would want you to.

A score of 11 - 20 would mean you are a "Wavering Willy or Wanda." You may often feel good about yourself, but if something negative is attributed to you, your self-confidence may drop. You can act assertively, but it is very hard for you. You may feel nervous when in new situations and tend to put down your own accomplishments. You may welcome making your own decisions, but sometimes feel pressured to make a decision that will please others.

A score of 21 - 30 would mean you are a "Steadfast Stuart or Stella." You feel good about yourself and do not need approval from others. You are able to let others know your feelings, take responsibility for yourself, and do not feel the need to criticize others in order to make yourself feel good. Your self-concept is strong enough that you do not feel you must make decisions that please others.

3. Discuss with the students the following questions:

- How does peer pressure influence self-image and behaviors such as drinking at school functions, drinking and driving, and mixing alcohol with other drugs?
- How can setting personal goals help to raise self-esteem?
- What are some characteristics students would like to change?
- How does self-image affect behavior and drug use decisions?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

Close Look

HANDOUT
9-12: Health: B-2

Score each statement by writing the appropriate number in the blank:

0: not true 1: somewhat true 2: largely true 3: true

_____ 1. It is very important to me to please others.

_____ 2. I feel at ease around most people.

_____ 3. I often exaggerate my accomplishments to build myself up.

_____ 4. I accept praise without embarrassment.

_____ 5. I get angry at others when my decisions don't turn out as I expected.

_____ 6. I am able to ask for help when I need it and it doesn't mean that I am inferior.

_____ 7. I don't like to make decisions.

_____ 8. I eagerly anticipate new situations.

_____ 9. I feel inferior when I lose.

_____10. I am able to let others know what is important to me.

_____11. I have a hard time waiting for things I want now.

_____12. I feel good about my accomplishments.

_____13. I often feel like people are criticizing me.

_____14. I take responsibility for the consequences of my decisions.

_____15. I feel nervous in new situations.

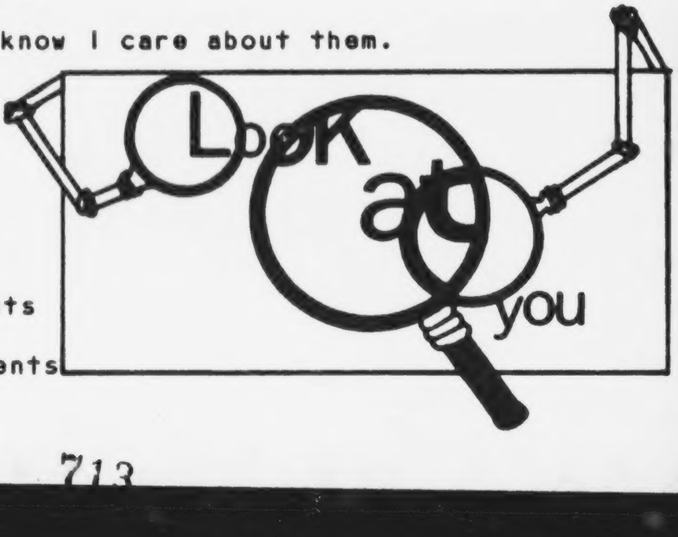
_____16. I accept responsibility for myself and do what I believe is right.

_____17. I am often critical of others.

_____18. I am able to let my family know I care about them.

_____19. I have a strong need for recognition and approval.

_____20. I am not prejudicial towards people who are different from me.



SCORING CRITERIA:

Total from all odd statements = _________

Total from all even statements = _________

EVALUATION COMPONENT

1. A short-term effect of depressants is:

   a. loss of appetite.
   b. severe withdrawal from drug.
   c. flashbacks.
   d. slurred speech.

2. Match the drug term with the correct definition.

_____ a. Depressant	A. A type of drug that alters perceptions and whose negative effects on health are still being explored.
_____ b. Tolerance	B. The process whereby drugs get into the bloodstream.
_____ c. Abuse	C. Taking a drug in such a way that it could cause harm to you or to other people.
_____ d. Absorption	D. A type of drug that slows the body functions.
	E. When someone needs to take more and more of a drug to get the same effect.

3. Describe the flow of alcohol through the body.

4. Name the part of the brain affected by each number of drinks listed and the specific body functions controlled by that part of the brain.

   a. 1-2 drinks:

   b. 2-3 drinks:

   c. 3-6 drinks:

   d. 5-9 drinks:

5. List four factors that contribute to the differing effects of alcohol on different people.

6. Write a sentence that defines risk-taking behavior.

7. List three possible consequences of risk-taking behavior.

EVALUATION COMPONENT RESPONSES

1. (d)

2. D a.
   E b.
   C c.
   B d.

3. Mouth, stomach, small intestine, bloodstream, liver, brain.

4. a. Cerebrum (outer layer): relaxation
   b. Cerebrum: conscious or voluntary control of reason; motor and sensory skills are weakened
   c. Cerebellum: hearing, speech, vision, and balance are altered; reaction time is slowed
   d. Entire Cerebellum: cooridinates skeletal muscles and maintains balance; perception
   Medulla: involuntary responses of heartbeat, breathing, and digestion

5. Weight, experience with alcohol, food eaten, expectation, mood, and where drinking.

6. Risk-taking behavior means accepting a challenge even though there is some danger.

7. Answers will vary, but may include:
   You may experience success.
   You may experience failure.
   You may hurt someone.
   You may hurt yourself.

MATHEMATICS

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Mathematics: A-1	459	Mathematics (Percentage)	Information	The student will demonstrate an ability to apply mathematical concepts to drug information.	Analyze data on drug use, misuse, and abuse.	MA - C275; C325
9-12: Mathematics: A-2	463	Mathematics (Decimals)	Information	(same as above)	Compute Blood Alcohol Content (BAC).	MA - C271; C319
9-12: Mathematics: A-3	469	Mathematics (Money)	Information	(same as above)	Examine the financial costs associated with DUI.	MA - C271; C319
9-12: Mathematics: B-1	472	Mathematics	Coping	The student will demonstrate responsible assertive behavior.	Generate examples of situations in which it would be important to act assertively.	SS - 614
9-12: Mathematics: B-2	474	Mathematics	Coping	(same as above)	Role-play assertive behavior.	SS - 614

Goal: The student will demonstrate an ability to apply mathematical concepts to drug information.

Objective: Analyze data on drug use, misuse, and abuse.

Learning Concept Information

Vocabulary: percentage, polls, opinion poll, drug screening

Academic Focus: Percentages

RESOURCES:

Handout:
"Opinion Poll"

Adapted from the Newsweek Poll, 1986, The Gallup Organization.

ACTIVITY

1. Distribute the handout, "Opinion Poll." Each student completes the poll without signing his/her name. Tally the results and give the students the raw data. Ask the students to compute percentages for each category. Then make a table showing their results.

2. Compare the classroom's percentages with the results found by the Newsweek Poll of adults.

3. Discuss drug screening tests with the class. Include the following questions:
   a. Do you think it is a good idea to use drug screening tests to see whether an individual may be using drugs?
   b. What are some arguments for and against?
   c. Should drug screening tests be done at school? Why or why not?
   d. What should happen to an individual identified as a drug user by screening tests if the individual is a(n):
      - sports figure?
      - politician?
      - employee with responsibilities for others safety (bus driver, pilot, construction worker)?
      - student?

HANDOUT
9-12: Mathematics: A-1

OPINION POLL

Please answer the questions below. This is an anonymous poll. Do not sign your name on this handout.

1. Some people think that periodic screening tests are a good idea to see whether individuals may be using drugs. Other people think such tests are a bad idea because they may not always be accurate or because they invade people's privacy. For each of the following groups, please indicate if you think it would be a good idea or a bad idea if they were required to take periodic drug-screening tests by placing a "G" (good idea) or a "B" (bad idea) next to each group.

____________ High school teachers

____________ Airline pilots

____________ Police officers

____________ T.V., film and recording stars

____________ High school students

____________ Professional athletes

____________ Government workers

____________ All other workers

2. Which one of the following actions do you think an employer should take against someone who is identified as a drug user through a screening test? Circle only one action.

-Report him to the police

-Fire him immediately

-Fire him after a set period of time if a test shows that he is still using drugs

-Don't fire him, but require his participation in a drug treatment program

-Do nothing unless his work is clearly affected by his drug use

3. Do you think the possession of small amounts of marijuana should or should not be treated as a criminal offense? Place an X next to the appropriate response.

____________ Should ____________ Should Not

4. Do you think the government spends too much money and effort fighting drug use, too little money and effort fighting drug use - or is the government's expenditure of money and effort just about right? Place an X next to the appropriate response.

____________ Too Much

____________ Too Little

____________ About Right

____________ Don't Know

5. There are many things that our government is doing to fight drug use. Which one of the following activities in the government's fight against drugs do you think deserves the most money and effort? Label this activity number 1. Which is the next most important? Label this activity number 2.

____________ Arresting the people in this country who sell drugs

____________ Arresting the people who use drugs

____________ Teaching young people about the dangers of drugs

____________ Helping drug users to overcome their addiction

____________ Working with foreign governments to stop the export of drugs to this country

6. Which of the following do you think is the most serious problem for society today? Circle your answer.

-Crack

-Other forms of cocaine

-Heroin

-Marijuana

-Alcohol abuse

-Other drugs

-Don't know

Yes to Drug Tests

Some people think that periodic screening tests are a good idea to see whether individuals may be using drugs. Other people think such tests are a bad idea because they may not always be accurate or because they invade people's privacy. For each of the following groups, please tell me if you think it would be a good idea or a bad idea if they were required to take periodic drug-screening tests:

	Good Idea	Bad Idea
High-school teachers	64%	33%
Airline pilots	84%	14%
Police officers	85%	13%
TV, film and recording stars	52%	42%
High-school students	60%	37%
Professional athletes	72%	25%
Government workers	72%	25%
All other workers	50%	44%

Which *one* of the following actions do you think an employer should take against someone who is identified as a drug user through a screening test? Should the employer:

Report him to the police	5%
Fire him immediately	5%
Fire him after a set period of time if a test shows that he is still using drugs	15%
Don't fire him, but require his participation in a drug treatment program	60%
Do nothing unless his work is clearly affected by his drug use	13%

Do you think the possession of small amounts of marijuana should or should not be treated as a criminal offense?

	Current	1985	1980
Should	67%	50%	43%
Should not	27%	46%	52%

Priorities and Resources

Do you think the government spends too much money and effort fighting drug use, too little money and effort fighting drug use—or is the government's expenditure of money and effort just about right?

Too much	9%
Too little	56%
About right	21%
Don't know	14%

There are many things that our government is doing to fight drug use. Which one of the following activities in the government's fight against drugs do you think deserves the most money and effort? Which is the next most important?

	Most Important	Second Most
Arresting the people in this country who sell drugs	23%	31%
Arresting the people who use drugs	3%	5%
Teaching young people about the dangers of drugs	42%	24%
Helping drug users to overcome their addiction	4%	12%
Working with foreign governments to stop the export of drugs to this country	25%	23%

Which of the following do you think is the most serious problem for society today: marijuana, alcohol abuse, heroin, crack, other forms of cocaine or other drugs?

Crack	22%
Other forms of cocaine	21%
Heroin	5%
Marijuana	4%
Alcohol abuse	34%
Other drugs	5%
Don't know	9%

For this Newsweek Poll, The Gallup Organization interviewed a representative national sample of 758 adults by telephone July 31 and Aug. 1. The margin of error is plus or minus 4 percentage points. Some "Don't know" responses omitted. The Newsweek Poll, © 1986 by Newsweek, Inc.

Goal: The student will demonstrate an ability to apply mathematical concepts to drug information.

Objective: Compute blood alcohol content (BAC).

Learning Concept Information

Vocabulary: blood alcohol content, approximation, metabolism

Academic Focus: Decimals; Percent

RESOURCES:

ACTIVITY

1. Explain that, although even one drink can affect driving performance, the effects are progressive. The clearest measure of the degree of impairment of performance is the BAC or blood alcohol content, which is the level of alcohol in the blood of an alcohol user. Alcohol is broken down in the liver at a rate of 1/2 oz. per hour. This translates as roughly, .015% BAC per hour. The BAC chart reflects this rate of metabolism. There is evidence that women achieve higher BACs with the same alcohol intake as men of the same weight. This is presumed to be related to the high percentage of naturally-occurring fat in women's bodies. The BAC chart was calculated for men and will give a slightly lower than actual BAC for women for the number of drinks consumed. Thus women should use more caution in drinking than the chart indicates. Young people also must use caution in reading the chart. The BAC is only an estimate. Due to relative inexperience with alcohol, their bodies are slower to produce ADH (Alcohol Dehydrogenase), an enzyme necessary to break down alcohol. Thus they will typically metabolize alcohol more slowly than the .015% per hour rate for adults. This means that they will sustain a level of blood alcohol longer than an adult experienced drinker of the same weight, and additional drinks will build upon this level. This metabolic difference is in addition to the increased emotional and behavioral effects of alcohol on young people due to their lack of experience with drinking and the natural hormonal upheaval associated with adolescence.

RESOURCES:	ACTIVITY
Handout: "Driver Drink Chart Summary"	2. Pass out the handout: "Driver Drink Chart Summary," which summarizes the effects of alcohol on performance at various BAC levels. Then, discuss the following information on the chart: a. Point out that the chart approximately relates the number of drinks to BAC for a 120 pound person. (Q) Why would the effect of one drink be greater (and the BAC higher) for a smaller person? (A) Less blood is present to dilute the alcohol. b. (Q) How would the amount of time between drinks affect the BAC? (A) More time between drinks means more time is allowed to oxidize the alcohol. c. At .10% BAC or more a person is considered to be legally "under the influence." If he/she is stopped while driving, submits to a BAC test, and is found to have a BAC of .10% or more, arrest on a charge of DUI (Driving Under the Influence) is automatic. However, impairment occurs for most people at significantly lower alcohol levels. d. (Q) What factors, other than the number of drinks, a person's size, and the amount of time between drinks, do you think will affect the BAC? (A) Mood, amount of food in the stomach. e. Tolerance for alcohol and experience as a driver will affect the degree of impairment of driving performance at various BAC levels. However, they will not help in an emergency, when a person has to respond to the unexpected. f. Since drinking and driving are relatively new behaviors for young people, the chances of problems occurring when the two are mixed are even greater.
Handout: "Blood Alcohol Content Chart"	3. Distribute the "Blood Alcohol Content Chart." Explain that the chart provides a way to judge the percentage of alcohol that will result by relating a given number of drinks to a person's size. It should be noted that this is only an approximation. The figures you calculate are averages. Individuals may vary in their personal alcohol tolerance.
Handout: "Computing BAC"	4. Distribute the handout, "Computing BAC." Work the problems in class. Allow time for the students to compute, then review the answers.

Adapted from Decisions bout Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse; a d MASEP-YEP, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highw y Safety Program.

HANDOUT
9-12: Mathematics: A-2

DRIVER DRINK CHART SUMMARY

(Based on body weight of 120 lbs.)

IF IN ONE HOUR YOU DRINK:	EFFECTS	ESTIMATED BLOOD ALCOHOL CONTENT
1 drink*	Slight changes in feeling. Any poor driving habits are more pronounced. Most drivers seem a bit moody.	.03%
2 drinks	Feeling of warmth - mental relaxation - decrease of driving skills - less concern with minor irritations and restraints - driver takes too long to respond to emergencies. Driving skills are affected in most people. At a .05% level, chances of involvement in an accident are twice as great as when sober.	.05%
3 drinks	Bouyance - exaggerated emotion and behavior - talkative, noisy, or sad - vision and judgment altered - significantly slower reaction time.	.08%
	If a person has a BAC of .10%, his/her chances of involvement in a traffic accident are 7 times greater than when the person is sober.	.10%
4 drinks	Impairment of coordination - clumsiness - moderate unsteadiness in standing or walking - further alteration in vision and reaction time. Judgment seriously affected.	.11%
6 drinks (within 2 hours)	Gross intoxication - unmistakable abnormality of gross bodily functions and mental faculties - drowsiness - hangover will follow. Distortion of all perception and judgment. At a .15% level, chances of an accident are 25 times greater than when the person is sober.	.15%

---

*One drink = 1 oz. whiskey = 4 oz. wine = one 12 oz. bottle of beer.

For persons weighing less than 120 lbs., the effect of each amount of alcohol is greater; for heavier persons, the effect may be smaller. For women, the effect is generally greater. Each individual may react differently to the same amount of alcohol at different times. Fatigue, an empty stomach, or mood may increase effect. Even one drink can produce an exaggerated effect for a short time.

HANDOUT
9-12: Mathematics: A-2

BLOOD ALCOHOL CONTENT CHART

1 Oz. 86 Proof = 12 Oz. Beer

Body Weight	Number of Drinks Consumed in One Hour 1	2	3	4	5	6	7	8	9
100 lbs.	.04	.07	.10	.14	.18	.22	.25	.27	.30
120 lbs.	.03	.06	.09	.13	.16	.19	.22	.25	.28
125 lbs.	.03	.05	.09	.11	.14	.16	.20	.23	.25
140 lbs.	.03	.05	.08	.11	.13	.16	.19	.21	.24
150 lbs.	.02	.05	.07	.09	.12	.14	.16	.19	.23
175 lbs.	.01	.04	.06	.08	.10	.12	.14	.16	.18
200 lbs.	.01	.04	.05	.07	.09	.11	.12	.14	.16

% of Alcohol in the Bloodstream

Under .05%	Impaired .05% - .099%	Over Legal Limits .10% and Above

TO COMPUTE BAC:

1. Refer to the Blood Alcohol Level Chart under the number of drinks and opposite the body weight, find the percent of blood alcohol listed.

   Example: Note that a 100 pound person who has had three drinks has a BAC of .10%.

2. Subtract the percent of alcohol burned up in the body during the time elapsed since the first drink, using the table below. The body "burns" approximately 1/2 oz. of alcohol an hour. To determine the effect of time on the blood alcohol level, use these numbers:

Hours since drinking started	1	2	3	4	5	6
Subtract this number from the number on the chart	.015	.03	.04	.05	.08	.09

COMPUTING BAC

A 125 pound person consumes 3 drinks.

* the approximate BAC is ---------------------------> ____________
* after a two-hour time lapse, the BAC dropped by --> ____________

____

* the BAC is now -----------------------------------> ____________

A 100 pound person consumes 2 drinks.

* the approximate BAC is ---------------------------> ____________
* after a one-hour time lapse, the BAC dropped by --> ____________

____

* the BAC is now -----------------------------------> ____________

A person of your body weight, ____ lbs., consumes ____ drinks.

* the approximate BAC is ---------------------------> ____________
* after a one-hour time lapse, the BAC dropped by --> ____________

____

* the BAC is now -----------------------------------> ____________

Goal: The student will demonstrate an ability to apply mathematical concepts to drug information.

Objective: Examine the financial costs associated with DUI.

Learning Concept Information

Vocabulary: DUI

Academic Focus: Money

RESOURCES:

Handout:
"Is It Worth the
Price?"

ACTIVITY

1. Introduce by telling the students that the purpose of this activity is to illustrate the cost of a DUI - from a specific amount to the impact a DUI could have on their own personal and their family's finances. State that being arrested for drunk driving is very expensive. Attorney fees, court costs, fines, increased cost of auto insurance (if insurable at all), and additional transportation costs if license is revoked can easily make the cost of a drunk driving arrest a minimum of $3,200.

2. Ask the students to name items and/or activities they currently spend money on (for example: movies, clothes, tapes, cars). List these on the board. Ask the students to estimate the approximate cost of each item and write that figure beside each item/activity. Using the first example given by the students, ask "How many movie tickets at $4.00 each could you purchase for the cost of just one DUI? ($3,200 - $4 = 800) Hypothetically, you could go to the movies 800 times in your life for the cost of just one DUI. Is it worth the price?" Distribute the handout, "Is It Worth the Price?" Discuss with the class

3. Ask the students to construct a chart of their own titled "Is It Worth the Price?" Instead of figuring how many of any one item they could purchase for the cost of one DUI (as the example illustrates), the students are to list items/activities for which they currently spend money. Based on their lists and the approximate

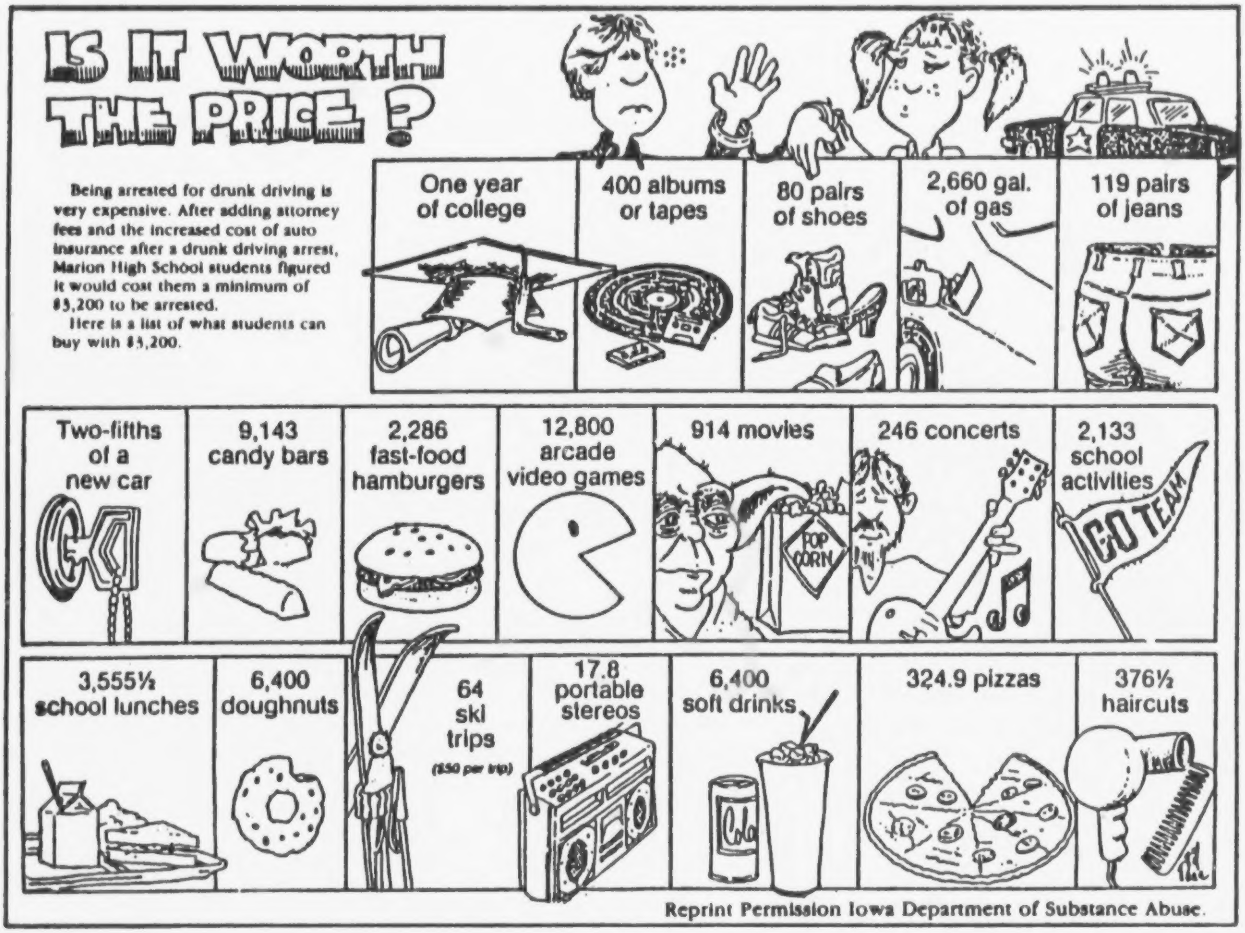
RESOURCES:	ACTIVITY

cost of each, they are to list items/activities which totaled would equal $3,200.
For example: 6 blouses/shirts @ $20 = $120
10 movies @ $4 = $40
6 pizzas @ $10 = $60
etc. until the entire amount is spent

4. Discuss:
   - What surprised you about this activity?
   - What did you learn?
   - How can you use this information?

Adapted from MADD Student Library, Volume 1, Number 1, 1985.

IS IT WORTH THE PRICE?


IS IT WORTH THE PRICE ?
One year of college
400 albums or tapes
80 pairs of shoes
2,660 gal. of gas
119 pairs of jeans
Two-fifths of a new car
9,143 candy bars
2,286 fast-food hamburgers
12,800 arcade video games
914 movies
POP CORN
246 concerts
2,133 school activities
GO TEAM
3,555½ school lunches
6,400 doughnuts
64 ski trips ($50 per trip)
17.8 portable stereos
6,400 soft drinks
Cola
324.9 pizzas
376½ haircuts

Being arrested for drunk driving is very expensive. After adding attorney fees and the increased cost of auto insurance after a drunk driving arrest, Marion High School students figured it would cost them a minimum of $3,200 to be arrested.

Here is a list of what students can buy with $3,200.

Reprint Permission Iowa Department of Substance Abuse.

Goal: The student will demonstrate responsible assertive behavior.

Objective: Generate examples of situations in which it would be important to act assertively.

Learning Concept Coping

Vocabulary: risk, assertive

Academic Focus: Mathematics

RESOURCES:

Handout:
"Risk Situations Exercise"

ACTIVITY

1. Review the decision-making process (see Appendix A, pages 96-98) and assertiveness (see Appendix A, pages 88-93).

2. Explain that the purpose of this activity is to understand how decision-making can be influenced by others and how responding assertively can change the consequences of any decision. Distribute the handout, "Risk Situations Exercise."

3. Ask students to:
   a. respond to each situation as though their best friend agreed.
   b. respond assertively despite pressure from best friend and generate one possible consequence or outcome for each situation.

4. Discuss what factors influenced your consequences. Ask:
   - Is it good or bad to take risks? Why?
   - Why will some people take more risks than others in a given situation?
   - How might risk-taking affect your drug taking/driving behavior?

4. How does the risk factor enter into the decision to act assertively?

Adapted from The Mississippi Alcohol Safety Education Program - Youth Education Project, 1985, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highway Safety Program

HANDOUT
9-12: Mathematics: B-1

RISK SITUATIONS EXERCISE

Possible consequence or outcome

1. Riding home with a driver who has been drinking
   a. ______________________________
   b. ______________________________

2. Riding home with a driver who has been smoking marijuana
   a. ______________________________
   b. ______________________________

3. Taking a pain pill which was prescribed for your mother last year
   a. ______________________________
   b. ______________________________

4. Stealing some vodka from your parents for a party
   a. ______________________________
   b. ______________________________

5. Taking a pill and you don't know what it is
   a. ______________________________
   b. ______________________________

6. Reporting a friend for selling drugs
   a. ______________________________
   b. ______________________________

7. Telling a friend he/she has had too much to drink and shouldn't drive
   a. ______________________________
   b. ______________________________

8. Refusing a drink at a party
   a. ______________________________
   b. ______________________________

(a. your best friend agrees and encourages you to also)
(b. you act assertively)

Goal: The student will demonstrate responsible assertive behavior.

Objective: Role-play assertive behavior.

Learning Concept Coping

Vocabulary: assertive

Academic Focus: Mathematics

RESOURCES:

Handout:
"An Offer You Can Refuse"

Teacher Aid:
Role Play Situations (Copy and cut into slips)

ACTIVITY

1. Discuss the purpose of role-play. (See Appendix A, page 94-96.)
2. Distribute the handout, "An Offer You Can Refuse." Review the pointers given for saying "No."
3. Ask for volunteers to draw for role play situations. Divide students into "Persuaders" and "Refusers." Ask students to draw two role-play situations. Let each student have a turn playing the role of "Persuader" and of "Refuser."
4. Discuss the following questions:
   - How did I behave in my role?
   - How did others behave toward me in this role?
   - Did I try any behaviors that weren't standard for me? How did they affect the others and the outcome of the simulation?
   - What was the most difficult aspect of refusing? Of persuading?
   - Who did or said what to whom? How did I feel about it?
   - What went on inside me in response to what was going on outside?
   - How did I feel about doing things or being someone I normally am not?
   - Did people react to me in ways I'm not accustomed to? How did it feel?
   - Do I know myself any better? Do I now understand others any better?

RESOURCES:

ACTIVITY

- How did it feel to refuse?
- How did it feel to go along despite personal objections?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Fl, and The Mississippi Alcohol Safety Program - Youth Education Project, 1985, The Mississippi Alcohol Safety Education Program and The Governor's Office of Highway Safety Program

HANDOUT
9-12: Mathematics: B-2

an offer you Can Refuse

You have probably felt butterflies in your stomach or a tightness in your throat when a friend has asked, or pressured you to do something you didn't want to do. To go against your better judgment, to be one of the group, is called "peer pressure."

Despite good intentions, many people end up going along with something they don't want to do because they couldn't figure out a graceful way to say "no." When that happens, they feel badly about themselves later or end up in more serious trouble, possibly causing harm to themselves or others. The trick then is to think clearly about what they want to do, and then be true to themselves. Sometimes that means calling upon their courage, wit and humor to say "no."

Remember these pointers for saying "no" and getting people to listen:

1. Be clear and consistent. State honestly why you are saying "no." "I don't want to go because I promised I'd go straight home after the movies."
2. Your body language should reflect your words. Actions speak louder than words. If you are refusing a date, your actions should also be saying "no."
3. Say "no" and keep repeating it. "No, sorry, that would be nice, but I just don't think I should." "Really no." "Thanks, anyway, but I just don't want to."
4. Take the offensive if the person won't take "no" for an answer. Turn the focus of the discussion onto them. "Why don't you ask someone who is interested in going?" Or, "I feel uncomfortable when you keep pressuring me, even though I've already said no."
5. Finally, refuse to discuss it anymore. "Look, I'm not going to change my mind, so there's no point in talking about it anymore."

Saying "no" gracefully is not easy. It means taking a stand for your own beliefs without offending a friend. Luckily, this is one skill that improves with practice. Remember that there is no one best way to say "no." Use your own special style to get the message across.

NO!
no
than
NO

ROLE PLAY SITUATIONS

1. You are on your first date with someone you have been wanting to go out with for a long time. You are on the way to a concert, and he/she lights a joint and lets you know there are more to last through the concert and later.

2. "Wow! What a neat shirt! It must be new! Can I borrow it for my big date Saturday night?"

3. "I´d really like you to come to the beer party to meet my friends. I know you don´t like to be around people drinking, but can´t you make one exception?"

4. "Oh, c´mon! Try a cigarette! You´re not going to get cancer from one cigarette!"

5. "Yeah, I´ve been drinking, but I´m fine. Hop in the car. Let´s go."

6. "It´s not hard, really! Just walk in the store, slip a belt or shirt under your jacket while we talk to the clerk, and then slip out the door. We´ve all done it. You want to be part of the group, don´t you?"

7. "Here´s a plug of tobacco. If you want to play on this team and not be a sissy, you´ve got to chew. You won´t feel sick for long."

8. "I really need some help. My parents were fighting all night and I never got to study for the test. Can you let me see your answers just this once. The teacher didn´t really mean it when she said she´d fail anyone caught cheating."

EVALUATION COMPONENT

1. Read the following situations. For each, briefly describe an appropriate assertiveness technique that could be used.

   a. Your parents have agreed to let you go to the out-of-town basketball game. You are given permission to drive your mother's car. After the game is over, several of your friends want to stop at the store to buy some beer for the drive home. You know your parents would not be happy about this. What do you do?

   b. You are planning to work on your history research paper on Thursday night. Tom, your good friend, telephones and wants you to go to the movies with him. You tell him "no," but he is persistent. What do you do?

   c. You purchased a new record album yesterday. When you tried to play it, you noticed a large scratch on the album. You take the album back to the store to ask for a replacement or refund. The clerk refuses, saying, "You kids are so careless. You obviously scratched the record when you played it." What do you do?

Answer questions 2 and 3 using the information provided in the "Blood Alcohol Content Chart" and "To Compute BAC" (Activity 9-12: Mathematics: A-2).

2. If a 140 lb. person drinks 3 drinks in an hour, what will his/her approximate BAC be? After a one hour lapse of time? After a two hour lapse of time?

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3. If a 175 lb. person drinks 5 drinks in an hour, what will his/her approximate BAC be? After a one hour lapse of time? After a three hour lapse of time?

EVALUATION COMPONENT RESPONSES

1. Answers will vary.

2. .08, .065, .05

3. .10, .085, .06

SCIENCE

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Science: A-1	483	Biology	Information	The student will demonstrate a broad understanding of the relationship between drugs and physiology.	Describe the long- and short-term effects of psychoactive drugs on the body.	S - 85 H/PE - C122
9-12: Science: A-2	491	Biology	Information	The student will demonstrate a broad understanding of the relationship between drugs and physiology.	Investigate the interactional effect of drugs.	S - 85
9-12: Science: A-3	497	Biology	Information	(same as above)	Research the relationship between pregnancy and drug use.	S - 85 H/PE - 172; 173
9-12: Science: B-1	504	Biology	Decision-Making	The student will demonstrate the ability to use decision-making skills in making effective judgments.	Generate examples of situations in which personal decisions about drug use could affect the safety of self and others.	H/PE - 130

GOALS AND OBJECTIVES

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Science: B-2	507	Biology	Decision-Making	(same as above)	Identify beliefs and principles concerning drugs; Evaluate past choices as a guide to future decision-making.	H/PE - C186

Goal: The student will demonstrate a broad understanding of the relationship between drugs and physiology.

Objective: Describe the long- and short-term effects of psychoactive drugs on the body.

Learning Concept Information

Vocabulary:

Academic Focus: Biology

RESOURCES:

Handout:
"Drug Review Chart" (blank)

Handout:
"Common Drugs of Abuse"
Textbooks

ACTIVITY

1. Review with the students the definition of a drug. Review the 6 main categories of drugs: Narcotics, Stimulants, Inhalants, Depressants, Hallucinogens, Cannabis (Marijuana). (See Appendix A, pages 9-35.)

2. Distribute blank drug charts. Explain that all information is missing and it will be their responsibility to fill out the charts and learn more about the drugs. For the students' benefit, you may want to give them the category names, or the names of the drugs you want them to research. Assign a small group of students to each category to complete the information on the chart.

3. To complete the charts, students should use notes from class, research from the school library, or a health text, if available. Two additional resources that may be used are This Side Up and Let's Talk About Drug Abuse. These booklets are available in limited quantity from: The Nebraska Alcohol and Drug Information Clearinghouse, Room 3 Coliseum, University of Nebraska, Lincoln, NE 68588, (402) 472-3899. Copies may also be made of the Appendix section which discusses drug categories.

RESOURCES:	ACTIVITY
Handout: "Drug Review Chart" (completed)	4. When the charts have been completed, have the students from each group present their finding to the class. Discuss information learned. Be sure to follow the discussion closely in order to avoid any "misinformation." With this activity you will find completed drug charts for your reference. These charts show only very basic information. It should be mentioned that the terminology used in the "slang name" column may change according to year and geographic location. 5. Conclude this activity by explaining that correct information is needed in order to make responsible decisions about drugs. As a review, ask for volunteers to name the main drug classifications and tell what distinguishes them from others. 6. The activity may cover two class periods or may be assigned as homework with the results discussed in class.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

HANDOUT
9-12: Science: A-1

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL

HANDOUT
9-12: Science: A-1

Common Drugs of Abuse

CATEGORY	Drugs	Sample trade or other names	Medical uses	Dependence		Effects in hours	Possible effects	Effects of overdose	Withdrawal symptoms
				Physical	Psycho-logical				
CANNABIS	Marijuana	Pot, grass, reefer, sinsemilla	Under investigation	Unknown	Moderate	2-4	Euphoria, relaxed inhibitions, increase in heart and pulse rate, reddening of the eyes, increased appetite, disoriented behavior	Anxiety, paranoia, loss of concentration, slower movements, time distortion	Insomnia, hyperactivity, and decreased appetite occasionally reported
	Tetrahydrocannabinol	THC							
	Hashish	Hash	None						
	Hash oil	Hash oil							
DEPRESSANTS	Alcohol	Liquor, beer, wine	None	High	High	1-12	Slurred speech, disorientation, drunken behavior	Shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
	Barbiturates	Secobarbital, Amobarbital, Butisol, Tuinal	Anesthetic, anti-convulsant, sedative, hypnotic	High-moderate	High-moderate	1-16			
	Methaqualone	Quaalude, Sopor, Parest	Sedative, hypnotic	High	High	4-8			
	Tranquilizers	Valium, Librium, Equanil, Miltown	Anti-anxiety, anti-convulsant, sedative	Moderate to low	Moderate				
STIMULANTS	Cocaine	Coke, flake, snow	Local anesthetic	Possible	High	½-2	Increased alertness, excitation, euphoria, increase in pulse rate and blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death, tremors	Apathy, long periods of sleep, irritability, depression
	Amphetamines	Biphetamine, Dexedrine	Hyperactivity, narcolepsy						
	Nicotine	Tobacco, cigars, cigarettes	None	High	High	2-4		Agitation, increase in pulse rate and blood pressure, loss of appetite, insomnia	
	Caffeine	Coffee, tea, cola drinks, No-Doz		Low	Low				
HALLUCINOGENS	LSD	Acid	None	None	Degree unknown	8-12	Illusions and hallucinations, poor perception of time and distance	Drug effects becoming longer and more intense, psychosis	Withdrawal symptoms not reported
	Mescaline and peyote	Button, Cactus							
	Phencyclidine	PCP, angel dust	Veterinary anesthetic	Unknown	High	Variable			
	Psilocybin - psilocin	Mushrooms	None	None	Degree unknown	6			
INHALANTS	Nitrous oxide	Whippets, laughing gas	Anesthetic	Possible	Moderate	Up to ½ hr	Excitement, euphoria, giddiness, loss of inhibitions, agressiveness, delusions, depression, drowsiness, headache, nausea	Loss of memory, confusion, unsteady gait, erratic heart beat and pulse, possible death	Insomnia, decreased appetite, depression, irritability, headache
	Butyl nitrite	Locker room, rush	None						
	Amyl nitrite	Poppers, snappers	Heart stimulant						
	Chlorohydrocarbons	Aerosol paint, cleaning fluid	None						
	Hydrocarbons	Aerosol propellants gasoline, glue, paint thinner	None						
NARCOTICS	Opium	Paregoric	Antidiarrheal, pain relief	High	High	3-6	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills and sweating, cramps, nausea
	Morphine	Morphine, Pectoral Syrup							
	Codeine	Codeine, Empirin Compound with Codeine, Robitussin A-C	Pain relief, cough medicine	Moderate	Moderate				
	Heroin	Horse, smack	Under investigation	High	High				
	Methadone	Dolophine, Methadose	Heroin substitute, pain relief			12-24			

HANDOUT
9-12: Science: A-1

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Narcotics (Analgesics)	Heroin	H, Horse, Jink Smack, Scag	Injected or Sniffed	Pain Relief	Drowsiness, Respiratory Depression, Constricted Pupils, Nausea	Euphoria
	Morphine	White Stuff, M	Swallowed or Injected	Pain Relief		
	Codeine	Schoolboy	Swallowed	Ease Pain and Coughing		
	Methadone	Holly	Swallowed or Injected	Pain Relief	May Produce Physical and Mental Dependence	
Depressants	Barbiturates	Barbs, Blues, Devils, Candy, Yellow Jackets, Phennies	Swallowed or Injected	Anesthetic, Anti-convulsant, Sedative	Slurred Speech, Disorientation, Drunken Behavior	Euphoria, Anxiety Reduction, Relaxation
	Alcohol	Booze, Juice	Swallowed	None		
	Methaqualone	Meth, Ludes, Quaaludes, Soapers	Swallowed	Sleeping Aid	May Produce Physical and Mental Dependence with Severe Withdrawal Symptoms	

HANDOUT
9-12: Science: A-1

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Stimulants	Cocaine	Coke, Flake, Snow	Sniffed, Injected, Swallowed	Local Anesthetic	Increased Pulse Rate, Blood Pressure, Insomnia, Loss of Appetite	Increased Alertness, Excitation, Euphoria
	Amphetamines	Bennies, Dexies, Speed, Pep Pills	Swallowed or Injected	Relieve Mild Depression, Control Appetite and Narcolepsy	May Produce Mental Dependency. Long-Term Use May Yield Delusions and Psychosis.	
	Nicotine	Cigarettes, Snuff, Tobacco Products	Sniffed, Swallowed, Smoked	None	Shortness of Breath, Poor Circulation, Yellow Teeth, Bad Breath; Long Term Effects: Lung Cancer, Heart Disease, Mouth Cancer, Throat Cancer	Nervous, Jittery
	Caffeine	Tea, Coffee, Chocolate, Cola	Swallowed	Over-the-Counter Medications (Cough Remedies, Diet Products)	Increased Heart Beat, Insomnia	Potential for Dependence, Personality Differences

HANDOUT
9-12: Science: A-1

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Hallucinogens	LSD	Acid, Sugar, Lucy	Swallowed	None	Rise in Temperature and Heartbeat	Insightful Experiences, Exhilaration, Distortion of Senses
	Mescaline	Mesc	Swallowed	None		
	Psilocybin	Mushrooms	Swallowed	None		
	PCP (Phencyclidine)	PCP, Angel Dust, Hog	Swallowed, Smoked, Sniffed	Animal Tranquilizer		
Inhalants	Airplane Glue		Sniffed or Inhaled	None	Possible Damage to CNS, Liver, Kidneys with Prolonged Use	Euphoria
	Aerosol		Sniffed or Inhaled	None		
	Gasoline		Sniffed or Inhaled	None		
	Spray Paints		Sniffed or Inhaled	None		

HANDOUT
9-12: Science: A-1

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Cannabis	Marijuana	Pot, Grass, Reefer	Smoked, Swallowed	Under Investigation	Increased Heart Rate, Reddening of Eyes	Euphoria
					May Produce Mental Dependency.	

Goal: The student will demonstrate a broad understanding of the relationship between drugs and physiology.

Objective: Investigate the interactional effect of drugs.

Learning Concept Information

Vocabulary: interaction, barbiturates, psychoactive

Academic Focus: Biology

RESOURCES:	ACTIVITY
Handout: "Drugs in Combination"	1. (Prior to activity, review teacher notes: Methods of Drug Interaction, Appendix A, pages 5-8.) 2. Ask the students to list things that are deceptive (e.g. plastic that looks like marble, simulated woodgrain printed on paper, plastic surgery, flattery, perfume, first impressions). 3. Introduce the notion that drugs, too, can be deceptive, because their precise effects can't always be predicted. For example, some people have allergies to drugs like penicillin or aspirin. Other examples of deception by drugs are the physical and/or psychological dependencies they may create or their unknown effect on the unborn and future generations. With street drugs, the consumer is never really sure what drug is being purchased. 4. Ask students for examples in which a drug was deceptive to the user. Even the same user taking the same amount of a drug can react differently from the way he/she did before. 5. Distribute the handout, "Drugs in Combination." Explain that the effects of drugs in combination can also be highly unpredictable. When taken together, the potency of each drug may increase or decrease. A variety of new interaction effects may

RESOURCES:

ACTIVITY

also occur. The handout, "Drugs in Combination," reviews and summarizes these points.

Teacher Information:
"The Interaction Effects of Alcohol with Other Drugs"

6. Explain that alcohol used with other drugs (mainly barbiturates) poses an immediate threat to life. Alcohol and barbiturates together increase the effects that would be expected from either drug alone. This combination may result in death from severe central nervous system depression and respiratory failure.

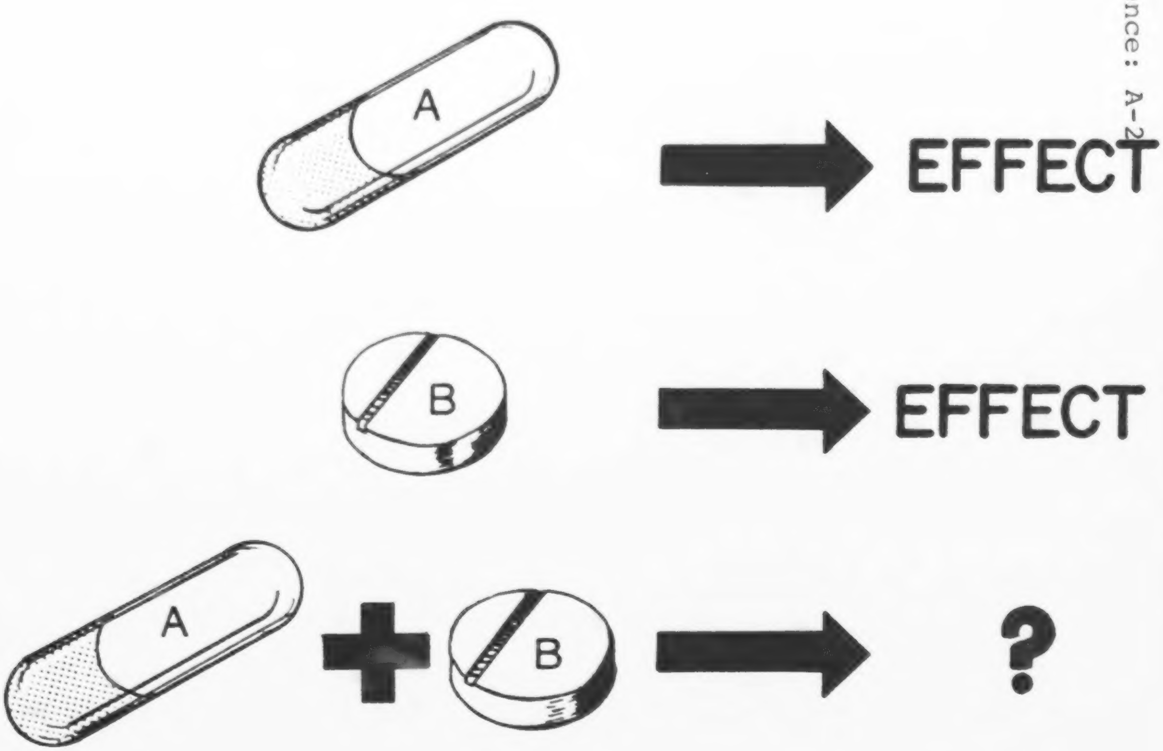
7. Explain the four factors that may influence the effects of drugs (See: How a Drug Works). Each psychoactive drug may have a different effect on every user. For instance, marijuana makes some users act outgoing and talkative, other users become self-contained and quiet. Even the same user taking the same amount of a drug can react differently than he or she did before. The psychoactive effects of a drug depend on four things:
   a. Set and Setting - Someone who tries a drug usually has a number of ideas as to what is going to happen. This is called the set. These ideas are usually based on what the person has heard or read, previous experiences with drugs, and the mood the person is in. The setting or environment in which the drug is taken also affects what happens.
   b. The Dose - How much of a drug is being taken and how strong it is.
   c. The Person's Body - Reactions to a drug may be different depending on what size a person is, how much food is in the stomach, and the amount of tolerance that has developed to a particular drug.
   d. The Route - How a drug is taken (orally, inhaled, injected) will determine the short and long-term effects on the systems of the body. The effect of drugs injected intravenously will be felt much more quickly (and sometimes more strongly) than the effect of drugs that are swallowed.

Handout:
"How a Drug Works"

8. For homework, ask students to select a drug to research. It may be one they, someone they know, or a family member is taking. It can also be a drug available over-the-counter, which requires no prescription. Each student should complete the handout, "How a Drug Works," based on the drug selected. Information can be gathered from package inserts, or by asking a pharmacist or doctor about the drug. Teacher may wish to secure drug inserts from a pharmacist prior to the lesson, or invite a pharmacist to visit the class to discuss drug effects with the students.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

DRUGS IN COMBINATION



When you combine two or more drugs, the effects can be extremely unpredictable. If drug A has one kind of effect, and drug B has another, the effect of the two together is often not equal to effect A plus effect B. The effect of A or B may be increased. For example, taking a sedative drug and alcohol is very dangerous because the sedative effect is increased dramatically. Or the effect of one or the other drug may be decreased. One is "cancelled out." Or brand new effects may occur, that neither drug alone would produce. These are called interaction effects. For these reasons, it is extremely important that doctors know all medicines a person is taking before they prescribe any drug.

THE INTERACTION EFFECTS OF ALCOHOL WITH OTHER DRUGS

TYPE OF DRUG	GENERIC NAME	TRADE NAME	INTERACTION EFFECT WITH ALCOHOL
ANALGESICS Non-narcotic	Salicylates	(products containing aspirin) Bayer Aspirin® Bufferin® Alka Seltzer®	Heavy concurrent use of alcohol with analgesics can increase the potential for gastrointestinal bleeding. Special caution should be exercised by individuals with ulcers. Buffering of salicylates reduces possibility of this interaction.
Narcotic	Codeine		The combination of narcotic analgesics and alcohol interact to reduce functioning of the Central Nervous System (CNS) and can lead to loss of effective breathing function or respiratory arrest: death may result.
	Morphine		
	Opium	℞ Pantopon® Paregoric	
	Oxycodone	℞ Percodan®	
	Propoxyphene	℞ Darvon® ℞ Darvon-N®	
	Pentazocine	℞ Talwin®	
	Meperidine	℞ Demerol®	
ANTIANGINAL	Nitroglycerin	℞ Nitrostat®	Alcohol in combination with antianginal drugs will cause the blood pressure to lower—creating a potentially dangerous situation.
	Isosorbide Dinatrite	℞ Isordil®, Sorbitrate®	
ANTIBIOTICS Anti-infective agents	Furazolidone	℞ Furoxone®	Certain antibiotics, especially those taken for urinary tract infections have been known to produce disulfiram-like reactions (nausea, vomiting, headaches, hypotension) when combined with alcohol.
	Metronidazole	℞ Flagyl®	
	Nitrofurantoin	℞ Cyantin® ℞ Macrodantin®	
ANTICOAGULANTS	Sodium Warfarin	℞ Coumadin® Panwarfin®	With chronic alcohol use, the anticoagulant effect of these drugs is inhibited. With acute intoxication the anticoagulant effect is enhanced: hemorrhaging could result.
	Acenocoumarol	℞ Sintrom®	
	Coumarin Derivatives	℞ Dicumarol	
ANTICONVULSANTS	Phenytoin	℞ Dilantin®	Chronic heavy drinking can reduce the effectiveness of anticonvulsant drugs to the extent that seizures previously controlled by these drugs can reoccur if the dosage is not adjusted appropriately. Enhanced CNS depression may occur with concurrent use of alcohol.
ANTIDIABETIC AGENTS HYPOGLYCENICS	Chlorpropamide	℞ Diabinese®	The interaction of alcohol and either insulin or oral antidiabetic agents may be severe and unpredictable. The interaction may induce hypoglycemia or hyperglycemia; also disulfiram-like reactions may occur.
	Acetohexamide	℞ Dymelor®	
	Tolbutamide	℞ Orinase®	
	Tolazamide	℞ Tolinase®	
	Insulin	℞ Iletin®	
ANTIDEPRESSANTS	Nortriptyline	℞ Aventyl®	Enhanced CNS depression may occur with concurrent use of alcohol and antidepressant drugs.
	Amitriptyline	℞ Elavil® Endep®	
	Desipramine	℞ Pertofrane®	
	Doxepin	℞ Sinequan®	
	Imipramine	℞ Tofranil®	
ANTIHISTAMINES	(for example) Chlorpheniramine	(many cold & allergy remedies) Coricidin® Allerest®	The interaction of alcohol and these drugs enhances CNS depression.
ANTIHYPERTENSIVE AGENTS	Rauwolfia Preparations	℞ Rauwildoid®	Alcohol, in moderate dosage, will increase the blood pressure lowering effects of these drugs, and can produce postural hypotension. Additionally, an increased CNS depressant effect may be seen with the rauwolfia alkaloids and methyldopa.
	Resperine	℞ Serpasil®	
	Guanethidine	℞ Ismelin®	
	Hydralazine	℞ Apresoline®	
	Pargyline	℞ Eutonyl®	
	Methyldopa	℞ Aldomet®	

TYPE OF DRUG	GENERIC NAME	TRADE NAME	INTERACTION EFFECT WITH ALCOHOL
ANTIMALARIALS	Quinacrine	℞ Atabrine	A disulfram-like reaction and severe CNS toxicity will result if antimalarial drugs are combined with alcohol.
CNS DEPRESSANTS Barbiturate Hypnotics	Phenobarbital	℞ Luminal®	Since alcohol is a depressant, the combination of alcohol and other depressants interact to further reduce CNS functioning. It is extremely dangerous to mix barbiturates with alcohol. What would be a non-dangerous dosage of either drug by itself can interact in the body to the point of coma or fatal respiratory arrest. Many accidental deaths of this nature have been reported. A similar danger exists in mixing the non-barbiturate hypnotics with alcohol. Disulfiram-like reactions have been reported with alcohol use in the presence of chloral hydrates.
	Pentobarbital	℞ Nembutal®	
	Secobarbital	℞ Seconal®	
	Butabarbital	℞ Butisol®	
	Amobarbital	℞ Amytal®	
Non-barbiturate hypnotics	Methaqualone	℞ Quaalude®	
	Glutethimide	℞ Doriden®	
	Bromides	℞ Neurosine®	
	Flurazepam	℞ Dalmane®	
	Chloral Hydrate	℞ Noctec®	
Tranquilizers (major)	Thioridazine	℞ Mellaril®	The major tranquilizers interact with alcohol to enhance CNS depression resulting in impairment of voluntary movement such as walking or hand coordination, larger doses can be fatal.
	Chlorpromazine	℞ Thorazine®	
	Trifluoperazine	℞ Stelazine®	
	Haloperidol	℞ Haldol®	
Tranquilizers (minor)	Diazepam	℞ Valium®	The minor tranquilizers depress CNS functioning. Serious interactions can occur when using these drugs and alcohol.
	Meprobamate	℞ Equanil® ℞ Miltown®	
	Chlordiazepoxide-HCL	℞ Librium®	
	Oxazepam	℞ Serax®	
CNS STIMULANTS	Caffeine	(in coffee and cola) Vanquish®	The stimulant effect of these drugs can reverse the depressant effect of alcohol on the CNS resulting in a false sense of security. They do not help the intoxicated person gain control over coordination or psychomotor activity.
	Amphetamines	℞ Benzedrine®	
	Dextroamphetamine	℞ Dexedrine®	
	Methamphetamine	℞ Desoxyn®	
DISULFIRAM (anti-alcohol preparation)	Disulfiram	℞ Antabuse®	Severe CNS toxicity follows ingestion of even small amounts of alcohol. Effects can include headache, nausea, vomiting, convulsions, rapid fall in blood pressure, unconsciousness, and with sufficiently high doses - death.
DIURETICS (also anti-hypertensive)	Hydrochlorthiazide	℞ Hydrodiuril Esidrix®	Interaction of diuretics and alcohol enhances the blood pressure - lowering the effects of the diuretic; and could possibly precipitate postural hypotension.
	Chlorothiazide	℞ Diuril®	
	Furosemide	℞ Lasix®	
	Quinethazone	℞ Hydromox®	
MONOMAINE OXIDASE INHIBITORS (MAOI)	Pargyline	℞ Eutonyl®	Alcoholic beverages (such as beer and wines) contain tyramine, which will interact with an MAOI to produce a hypertensive, hyperpyrexic crisis. Common use of alcohol with MAOIs may result in enhanced CNS depression.
	Isocarboxazid	℞ Marplan®	
	Phenelzine	℞ Nardil®	
	Tranylcypromine	℞ Parnate®	

REFERENCES

Lipman, A. G. "Drug Interactions With Alcohol." *Modern Medicine*, Feb. 15, 1976, pp. 67-69

"Fact Sheet - Drug Interactions with Alcohol." National Clearinghouse for Alcohol Information (February 1976)

"It's Dangerous to Mix Alcohol and Drugs." National Clearinghouse for Alcohol Information

The Whole College Catalog About Drinking. U.S. Department of Health, Education, and Welfare, NIAAA

For additional copies, contact:
Nebraska Alcohol and Drug Information Clearinghouse
109 Coliseum, UNL
Lincoln, NE 68588

ndada

Nebraska Division on Alcoholism and Drug Abuse, Dept. of Public Institutions, P.O. Box 94728, Lincoln, NE 68509, (402) 471-2851

Blum/Kreblein 8/77

HANDOUT
9-12: Science: A-2

HOW A DRUG WORKS

Every drug works in different ways to produce different effects. The effects of a drug depend on a number of factors, including dose, body factors, route, and set/setting.

Choose a drug that you or a member of your family are currently using, or that you would like to learn more about. To find out more about the effects of a drug you can read the package insert that comes with it, or ask a pharmacist or doctor to tell you about the drug's effects. Find out its major effects, any side effects, and the influences of dose, body factors, route, and set and setting on the effects. The questions below will guide you.

- General effects. What does the drug do? What are the side effects, if any?
- Dose. How much of the drug should be taken? How strong is the normal dose? Will the drug weaken over time? Will exposure to heat or light weaken or change the drug's potency?
- Body factors. How will the person's size, height, or weight affect the drug's potency? Will eating or not eating food affect the drug's functioning? What foods or other drugs should not be taken while using the drug? Why?
- Route. How is the drug to be taken? Is it a liquid? A tablet? Does it come in other forms? Is this the quickest way for the drug to enter the bloodstream? How quickly does the drug wear off? How does it leave the body?
- Set/Setting. Will the user's mood, personality, or immediate environment affect the way the drug reacts? How will the drug affect the way the person relates to his/her environment? Should the person drive while using this drug?

Goal: The student will demonstrate a broad understanding of the relationship between drugs and physiology.

Objective: Research the relationship between pregnancy and drug use.

Learning Concept Information

Vocabulary: pregnancy, fetus, placenta, Fetal Alcohol Syndrome

Academic Focus: Biology

RESOURCES:

Visual:
"From Conception
to Birth"

Visual:
"Role of the
Placenta"

ACTIVITY

1. Sophisticated knowledge about pregnancy is not required for the student. Rather, he/she should grasp the idea of the growth of the fetus. This knowledge is important to the rest of this activity, which will acquaint the students with the definition and purpose of the placenta. The first part of this activity deals with embryonic development. Using the visual, "From Conception to Birth," ask the students for their ideas as to the correct placement on the continuum of the various developmental stages of the fetus. The correct answers are:
   a. 24
   b. 12
   c. 4
   d. 16
   e. 28
   f. 8
   g. 2
   h. 36

2. Explain the following information to the students:
   a. The placenta is the major support system for the embryo and fetus.
   b. The placenta acts as a "transfer" between mother and embryo/fetus in the movement of oxygen, nutrients, waste products, water, and many other substances, including drugs. Bacteria do not pass through this membrane.

3. Use the "Role of the Placenta" visual to reinforce the idea of the transfer of substances from the woman's systems to the embryo/fetus. Emphasize the passage of alcohol (which is a drug), and certain other drugs through the placenta and to the

RESOURCES:

Handout:
"Drug Use During Pregnancy" (blank)
(completed for teacher)

ACTIVITY

developing fetus. Alcohol and other drugs are known to have adverse effects on the developing baby.

4. Reproduce enough of the blank charts so that each student has two.

5. With the assistance of the teacher background information, discuss, using an overhead or chalkboard, the effects of each drug or class of drugs, on the developing fetus. The term Fetal Alcohol Syndrome should be defined and explained to the students as: Predictable abnormalities that may appear in the babies of mothers who drink alcohol during pregnancy. The Fetal Alcohol effects of this syndrome include central nervous system deficiencies, low birth weight, accompanied by post-natal growth deficiencies, facial disfigurement, and mental retardation.

6. Instruct students to write these comments on their blank sheets (under the "Effects on Fetus" column).

7. When this is done there are a number of ways to proceed in this activity. Read through two of the possibilities and decide which would work best for you. (By the way, if you can think of others - use them).
   a. Break the students up into small groups and tell them they have to, through group concensus, decide if the "safe use" column of the chart should be: safe/only under physician's supervision/unsafe. Groups should be able to defend their choices based on the information previously given.
   b. On the chalkboard, or overhead projector, make the following diagram:

DRUG	SAFE	ONLY WITH DR.'S OK	UNSAFE

Now ask the students to vote for each drug by asking which classification they would put it under. Allow students to defend their position.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

VISUAL AID
9-12: Science: A-3

FROM CONCEPTION TO BIRTH

DIRECTIONS: IN THE MARGIN TO THE LEFT OF EACH STATEMENT, NUMBER THE EVENTS TO SHOW THE ORDER IN WHICH THEY OCCUR.

_______ A. FETUS IS SENSITIVE TO LIGHT AND SOUND.

_______ B. ALL ORGANS ARE NOW DEVELOPING.

_______ C. BLOOD VESSELS HAVE FORMED AND THE HEART BEGINS TO BEAT.

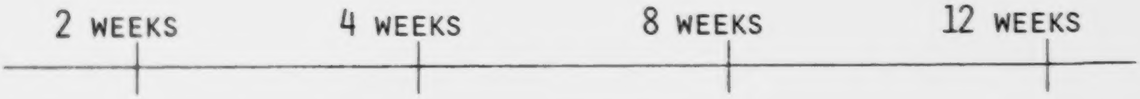
_______ D. HAIR BEGINS TO GROW AND ALL ORGANS ARE FORMED AND FUNCTIONING.

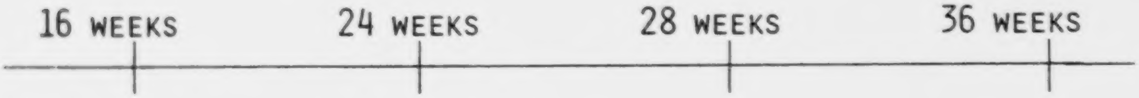
_______ E. FETUS SLIPS INTO BIRTH POSITION.

_______ F. EMBRYO ASSUMES HUMAN APPEARANCE AND IS NOW A FETUS.

_______ G. EMBRYO BEGINS TO DEVELOP AND AMNIOTIC SAC BEGINS TO FORM TO PROTECT AND NOURISH THE DEVELOPING BABY.

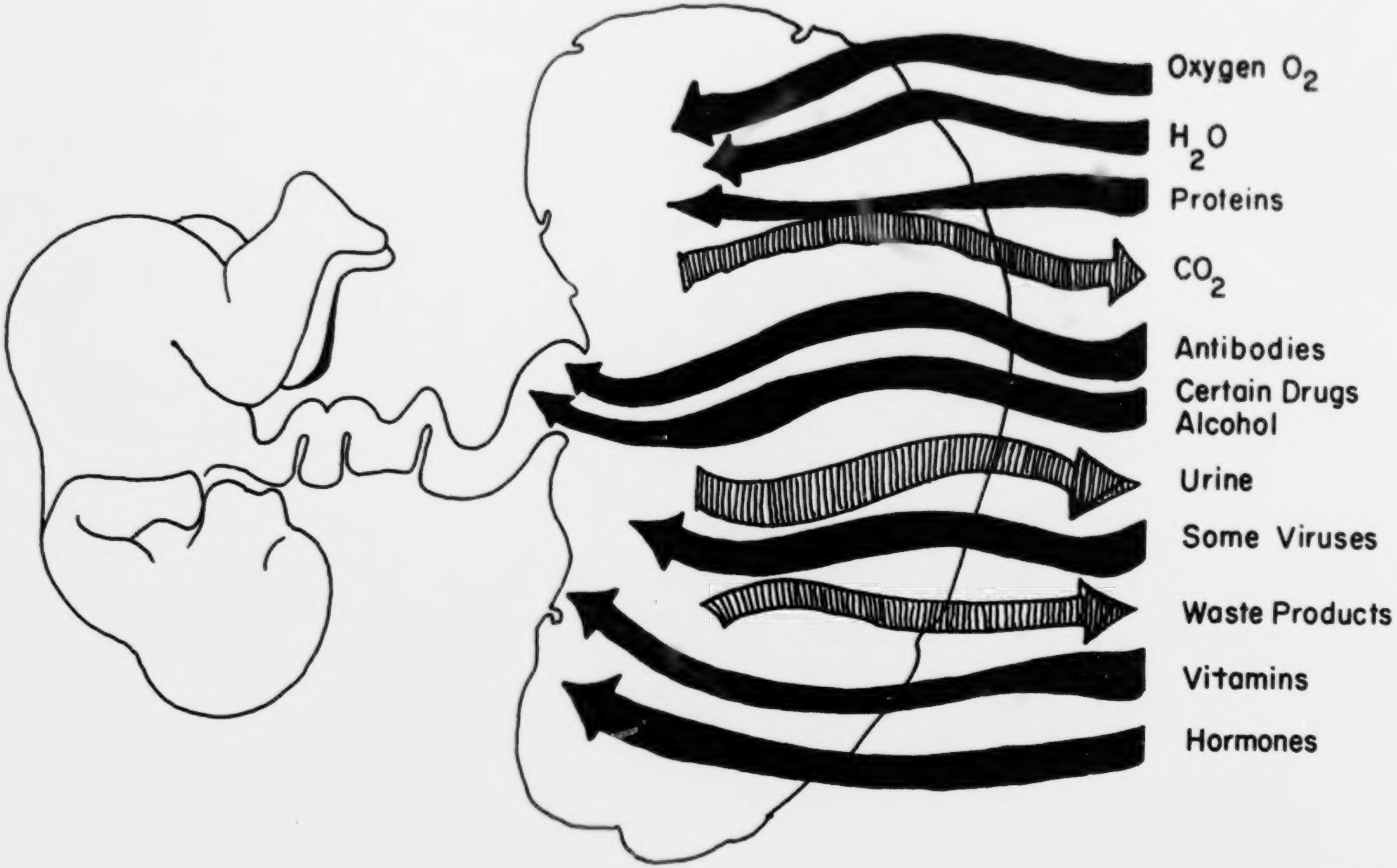
_______ H. BIRTH


2 WEEKS
4 WEEKS
8 WEEKS
12 WEEKS


16 WEEKS
24 WEEKS
28 WEEKS
36 WEEKS

VISUAL AID
9-12: Science: A-3

ROLE OF THE PLACENTA


Oxygen O_2
H_2O
Proteins
CO_2
Antibodies
Certain Drugs
Alcohol
Urine
Some Viruses
Waste Products
Vitamins
Hormones

DRUG USE DURING PREGNANCY

Drug	Effect on Fetus	Safe Use of Drug

TEACHER AID
9-12: Science: A-3

DRUG USE DURING PREGNANCY

Drug	Effect on Fetus	Safe Use of Drug
Alcohol (Ethyl)	Daily drinking of more than two glasses of wine, beer, or mixed drinks can cause "Fetal Alcohol Syndrome." Babies tend to be low birth weight, mentally retarded, physically deformed, and have some behavioral problems. Even less than two drinks per day has been linked to some fetal alcohol effects.	There has been no safe level established. Should be avoided.
Amphetamines	May cause birth defects.	Only under physician's supervision.
Aspirin	During last three months of pregnancy frequent use may cause excessive bleeding at delivery and may prolong labor.	Only under physician's supervision.
Barbiturates	Mothers who have taken large doses may have babies who are addicted. Babies may have tremors, restlessness and be irritable.	Only under physician's supervision.
Hallucinogens	Although the link between LSD and birth defects is inconclusive, there is some evidence to suggest that LSD increases the risk of spontaneous abortion. As with all drugs purchased illicitly, there is a question of purity as well.	Should be avoided.

Drug	Effect on Fetus	Safe Use of Drug
Marijuana	The scientific findings of the use of marijuana during pregnancy and its effects on the fetus and newborn are still inconclusive. Research will continue on this very complicated question. Marijuana has been associated with increased risk of spontaneous abortion but not all the facts are in. Until they are - it would be best to be cautious.	Should be avoided.
Narcotics	Use may cause addiction in the fetus and therefore withdrawal symptoms. Administration of narcotics just before delivery may cause severe respiratory depression in the fetus.	Only under physician's supervision.
Nicotine	Heavy smoking can lead to low birth weight babies, which means that the baby may have more health problems. Especially harmful during the second half of pregnancy.	Should be avoided.
Vaccines	In general, live vaccines such as rubella, measles, mumps, smallpox, yellow fever, and live oral polio vaccines are not recommended for pregnant women since the effect on fetal development is unknown at this time. Killed or inactivated vaccines should be used only when clearly necessary.	Only under physician's supervision.

Goal: The student will demonstrate the ability to use decision-making skills in making effective judgements.

Objective: Generate examples of situations in which personal decisions about drug use could affect the safety of self and others.

Learning Concept Decision-making

Vocabulary: consequences

Academic Focus: Biology

RESOURCES:

Handout:
"For Saftey's Sake"

ACTIVITY

1. Discuss with students that sometimes they must use their knowledge about drugs and decision-making ability to make responsible decisions involving other people's drug use. (See Decision-Making, Appendix A, pages 96-98.)
2. Distribute the handout, "For Safety's Sake." Ask students to respond independently to each situation. Allow time for completion. Then discuss the decisions made by students. To encourage discussion, remind students that these are difficult situations to resolve and that there is no one correct answer. Questions may also be discussed in small groups prior to class discussion. Explore the possible consequences if one followed the suggestions offered. Also discuss the consequences which might result by not making responsible decisions.

HANDOUT
9-12: Science: B-1

FOR SAFETY'S SAKE

Write a brief response to each of the following situations. Apply what you know about drugs plus sound decision-making strategies.

1. Your younger brother or sister comes home after school with a joint. He/she shows it to you and asks what it is.

   What would you do?

   Why?

2. You rode to a party with another friend. Most of your classmates also attended the party so you do not see your friend again until time to drive home. It appears that your friend has been drinking. He/she has slurred speech and is unable to walk straight. He/she assures you that they can drive.

   What would you do?

   Why?

3. You and your friends are hosting a party. A couple of people come in that you don't know very well. They are quite drunk, begin to get very loud, and bother the rest of the people.

   What would you do?

   Why?

4. You come home after having pizza with some friends. Your parents are hosting a party and some of their guests who live about a mile away are getting ready to leave. They have been drinking heavily and the roads between your neighborhood and their´s are quite busy.

   What would you do?

   Why?

5. You´re having an after-the-game party. A couple of your guests pull out a joint, light up, and start to pass it around to the other guests.

   What would you do?

   Why?

Goal: The student will demonstrate the ability to use decision-making skills in making effective judgements.

Objective: Identify beliefs and principles concerning drugs; Evaluate past choices as a guide to future decision-making.

Learning Concept Decision-making

Vocabulary: evaluation

Academic Focus: Biology

RESOURCES:

ACTIVITY

1. Place signs (Agree, Disagree, Undecided) along one wall of the classroom, or in three parts of the room.

2. Choose 3 or 4 of the following statements to read to the class, one by one. Ask students to group around the sign that indicates whether they agree, disagree, or are undecided when they hear the statement.
   a. The use of alcohol and drugs is a major problem in American schools today.
   b. The legal drinking age should be 21.
   c. If you knew one of your friends was taking "uppers" every day, you'd tell him/her that "speed kills."
   d. Marijuana use should be legalized.
   e. Drinking gives people a good excuse for doing something they wouldn't do when sober.
   f. People who don't drink or smoke are less likely to have a good time.
   g. Young people smoke dope to rebel against their parents or society.
   h. It's bad enough for a man to get really drunk; it's worse for a woman.
   i. Parents shouldn't encourage young people to break the law by serving liquor at home.

3. Reread each statement, and ask individual students to explain why they responded the way they did.

RESOURCES:

ACTIVITY

4. Ask students at the undecided sign if they wish to change positions after hearing responses of their classmates. Ask if any other students wish to change their views.

5. After 3 or 4 of the statements have been read, allow students to return to their seats. Ask them the following questions:
   - Did you find this activity useful in helping you sort out your attitudes and beliefs about drugs?
   - Were you surprised when others did not share your point of view?
   - Did other students in the room have an influence on your attitudes and beliefs?
   - Did hearing others' reasons for taking certain positions give you any new insights into your own attitudes and beliefs?

6. Write on the board the statement, "People who cannot learn from the past are doomed to repeat it." Explain that examination of past decisions can provide much valuable information to guide future planning and decision-making. The purpose of this activity is to provide practice in evaluating past choices as a guide to future decision-making.

Handout:
  "Evaluating
  Decisions"

7. Distribute the handout, "Evaluating Decisions," and ask students to read.

8. Ask the students, "Have you ever noticed people doing the same self-destructive things over and over? Could an examination of past decisions help in breaking such patterns?"

9. Discuss the handout's central assumption that we can decide how we wish to feel and think, as well as how we wish to act. Discuss the four steps suggested in evaluating a decision.

10. Ask for a volunteer to describe a situation and the decision that was made. Work through the process of evaluating the decision. Were others in the group faced with similar choices? How did they decide?

    NOTE: Students who are reluctant to discuss personal decisions in front of the whole group should never feel forced to do so. However, once a climate of trust has been built up, the reticent students may feel more willing to share their feelings with the class. This would benefit the entire class.

RESOURCES:	ACTIVITY
	11. Ask the group to think about decisions they have made, and choose one to evaluate. 12. Discuss the evaluation process. Was it helpful? How could it be applied to other situations as well? NOTE: Students will probably be most able to begin using this process by evaluating a past decision that led to an action. Then, after they are familiar with the concepts of costs and payoffs, they will be able to evaluate decisions that led to thoughts and feelings. This process can be used flexibly and may produce some startling insights for students when they have worked at it several times. Advanced students can begin to evaluate decisions they must make in the near future.

HANDOUT
9-12: Science: B-2

EVALUATING DECISIONS

People make decisions all the time. You have made many decisions in your life. You make decisions about what actions you take. Most of us are unaware that many of our actions, thoughts, and feelings are based on experiences we had earlier in our lives. We also fail to realize how our reactions are based on rewards we seek to get or costs we seek to avoid. We decide to act, to think, or to feel today in ways that we were rewarded for earlier.

To make good current decisions, we need to look at our former decisions and find out whether or not we are really making the decisions we want to make today. After all, we want to achieve the rewards or avoid the costs that mean something for our living now, not then.

A reward can be something which we feel positive about. A cost can be a consequence which we feel negative about, or something we do not want to do or give up.

Think of a decision you have made recently. Write it down. Did the decision make you act, think, or feel a certain way?

Now review your decision and evaluate it according to the following four steps:

Step 1: How satisfied am I with the decision I made? How do I feel now about the decision?

1 2 3 4 5 6 7 8 9 10

Not Satisfied Very Satisfied

Step 2: What benefits did I expect to receive from the decision?

Step 3: What did I have to give up as a result of making the decision?

Step 4: What would I do differently next time?

EVALUATION COMPONENT

1. For each factor below, write a one-sentence description of how it might influence the effect of drugs:

   a. setting:

   b. mood:

   c. body weight:

   d. expection:

2. For each psychoactive category, list one possible long-term and one short-term effect.

	Long-term effect	Short-term effect
a. Stimulants		
b. Depressants		
c. Narcotics		
d. Cannabis		
e. Hallucinogens		
f. Inhalants		

3. Fetal alcohol syndrome is totally preventable. True False

4. In the column below, put an "X" next to those substances that can cross the placental barrier.

_____a. oxygen

_____b. bacteria

_____c. alcohol

_____d. barbiturates

5. Regarding alcohol, the best advice for pregnant women would be:

   a. it doesn't matter.
   b. it's okay to drink, just not every day.
   c. a couple of drinks a day is okay.
   d. not drinking at all is the best idea.

6. (Short answer) Fetal Alcohol Syndrome has only been recognized widely in the past few years by the public, but many noticed it a long time ago. Briefly write a listing of people's observations of Fetal Alcohol Syndrome effects. Write it as if you are explaining it to someone who has never heard of Fetal Alcohol Syndrome.

7. Match the drug name with the correct psychoactive category.

_____ 1.	Heroin	A. Stimulants
_____ 2.	PCP	B. Depressants
_____ 3.	Alcohol	C. Narcotics
_____ 4.	Aerosols	D. Cannabis
_____ 5.	Marijuana	E. Hallucinogens
_____ 6.	Caffeine	F. Inhalants
_____ 7.	Opium	
_____ 8.	THC	

EVALUATION COMPONENT RESPONSES

1. a. Setting may influence a person's expectations about the effect of the drug.
   b. Mood may be exaggerated by the effects of a drug.
   c. A smaller, lighter person may be affected differently by the same amount of a drug.
   d. Expectation may influence how a person reacts to the effects of a drug, and feel that it is affecting him/her just as he/she thought it would.

2. Any one of the effects listed on the chart in Appendix A summarizing the psychoactive classes of drugs is acceptable.

3. True

4. (a, c, and d)

5. (d)

6. (See activity 9-12: Science: A-3 for listing of effects.)

7. C 1.
   E 2.
   B 3.
   F 4.
   D 5.
   A 6.
   C 7.
   D 8.

LEVEL 9-12

GOALS AND OBJECTIVES

SOCIAL STUDIES

ACTIVITY NUMBER	PAGE NUMBER	ACADEMIC FOCUS	LEARNING COMPONENT	GOAL	OBJECTIVE	MS C. S. OBJECTIVE
9-12: Social Studies: A-1	515	Sociology	Information	The student will develop an appreciation for the impact of communication in influencing perceptions of drug use, misuse and abuse.	Demonstrate an understanding of how kids get information.	SS - 632 OC - 124
9-12: Social Studies: A-2	516	Sociology	Information	(same as above)	Investigate how editorials sway public opinion.	SS - 633 LA.B-2 - 60
9-12: Social Studies: A-3	517	Sociology	Information	(same as above)	Analyze messages in radio and T.V. commercials.	SS - C634
9-12: Social Studies: B-1	518	Sociology	Self-Esteem	The student will demonstrate an appreciation of his/her worth as a person.	Demonstrate techniques for enhancing self concept.	SS - 609 OC - 56
9-12: Social Studies: B-2	525	Sociology	Coping	The student will demonstrate responsible assertive behavior.	State ways in which the need for acceptance influences behavior and decisions regarding drug use.	H/PE - 159

Goal: The student will develop an appreciation for the impact of communication in influencing perceptions of drug use, misuse, and abuse.

Objective: Demonstrate an understanding of how kids get information.

Learning Concept Information

Vocabulary: misinformation

Academic Focus: Sociology

RESOURCES:

ACTIVITY

1. Explain that kids get information from all kinds of sources (family, friends, teachers, television, movies, magazines, books, etc.). Much of the information kids receive on drugs is not factual. Misinformation of this type could be very dangerous.

2. Tell the students that they are going to use the knowledge they have gained on drugs to clear up some of this misinformation.

3. Break the class up into small groups. Have each group design a presentation about alcohol and other drug use for elementary kids. They should include information from lecture notes, handouts on drugs, textbooks, etc. Stress that this information must be accurate.

4. Arrange for the students to visit elementary school classrooms and present their work to the elementary school students.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

Goal: The student will develop an appreciation for the impact of communication in influencing perceptions of drug use, misuse, and abuse.

Objective: Investigate how editorials sway public opinion.

Learning Concept Information

Vocabulary: editorial, public opinion

Academic Focus: Sociology

RESOURCES:	**ACTIVITY**
Editorials from local newspapers	1. Discuss the impact of editorials on public opinion. Bring in examples of editorials from local newspapers. Have the students discuss the message the author is trying to convey in each and the method he/she uses to get his/her opinion across. 2. Stress that the editorial is one means of expressing one's opinions and influencing the public. 3. Have the students write an editorial on the subject of alcohol or other drug use for the town or school newspaper. Focus on specific topics. Ask: "What is an issue you want others to know about?" Have several students read their editorials to the class. Encourage the students to submit their editorials to local newspapers.

Adapted from Decisions bout Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

Goal: The student will develop an appreciation for the impact of communication in influencing perceptions of drug use, misuse, and abuse.

Objective: Analyze messages in radio and T.V. commercials.

Learning Concept Information

Vocabulary: advertising

Academic Focus: Sociology

RESOURCES:

ACTIVITY

1. Discuss with the students the role of radio and television advertising in influencing our opinions. Ask the class to list some familiar commercials from radio or T.V. dealing with drugs, including nicotine, caffeine, and alcohol. What are the messages being conveyed in those advertisements? Is the information accurate? Do the ads attempt to appeal to our emotions in trying to sell their product? How? Which ads are most successful?

2. Have the students write their own radio or T.V. commercials about drugs. Stress that they should choose the message they want to send carefully. The commercials might include:
   - facts about alcohol and drugs.
   - places to get help with problems.
   - an announcement of this curriculum.
   - an announcement of a lecture, speech, or film on drug use.

3. Have the students present their commercials to the class.

Adapted from Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.

Goal: The student will demonstrate an appreciation of his/her worth as a person.

Objective: Demonstrate techniques for enhancing self-concept.

Learning Concept Self-Esteem

Vocabulary: irrational, rational

Academic Focus: Psychology

RESOURCES:

Handout:
"Irrational Messages Parts I and II"

ACTIVITY

1. Explain to the students that part of growing up means becoming less and less dependent on other people. For example, they learned to drive an automobile, make and spend their own money, etc. Tell them that one way people continue to depend on other people, even as adults, is for the emotional support we need to feel good about ourselves.

2. Explain that sometimes we allow what other people say and do or what we IRRATIONALLY think they say or do to determine our self worth. As we become more aware of this process we can learn to tell ourselves to choose more positive, rational messages that will enable us to feel worthwhile, loveable, and capable. We can learn to stop giving people the power to "tear us down" and also begin to choose to ignore the IRRATIONAL, self-defeating things we tell ourselves. Since we are not usually aware of these IRRATIONAL interpretations and beliefs, the following handout has been included for discussion.

3. Distribute the handout, "Irrational Messages, Parts I and II." Students may need a brief explanation of RATIONAL and IRRATIONAL.

4. Discuss these eight irrational messages and how they can be turned into positive or rational messages.

RESOURCES:	**ACTIVITY**
	5. Ask students to complete the handout "Irrational Messages, Part II."

6. Ask the students to analyze individually or in small groups, what messages they tend to tell themselves in each situation. Include the more positive things they could choose to say to themselves.

  - What are the most typical situations in which you say things that lower your self-esteem?
  - What types of things do you say to yourself in these situations?
  - What are more helpful things you could say to yourself?
  - What are some ways you could change a "self-put down" statement into a more helpful self-statement?

Adapted from Choosing for Yourself, Apalachee Community Mental Health, Tallahassee, Florida.

HANDOUT
9-12: Social Studies: B-1

Irrational Messages

1

Here are eight irrational messages people tell themselves:

1. Everyone I meet should like me and approve of everything I do.
2. I should be completely competent and successful in everything I do.
3. When I do something that is wrong or "bad," it means that I am a bad person.
4. Being rejected or ignored by someone means that I am not important or likeable - a real jerk.
5. I have no control over changing what I feel or choosing how I act.
6. It is best to avoid anything that makes me feel scared or anxious - like meeting new people or trying new activities because I can never do or say the right thing.
7. I should not make any hard decisions and should take the easy way out or avoid the whole situation.
8. Everything that has happened in the past determines who I am today. I can never change.

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Irrational Messages

2

Read each situation and determine what the irrational messages are and what could be positive or rational messages.

1. Your friend wants you to sneak out very late (past curfew) one night and smoke some pot. He or she has been asking you for a whole week and so far you haven't given an answer. You don't really want to go, but are afraid to tell your friend.

   What are the irrational messages?

   What could be positive or rational messages?

2. You're taking a test and the person next to you asks you for an answer to one of the questions. You know it would be cheating if you "helped," but you don't want to make the person angry.

   What are the irrational messages?

What could be positive or rational messages?

3. You've always been anxious about trying out for any sports activities. You really like to play tennis but are afraid you're not very good. Tryouts for the tennis team are next week.

What are the irrational messages?

What could be the positive or rational messages?

4. You just found out a very good friend is having a party Saturday night but has not invited you. Many of your friends are going. This upsets you to the point of not wanting to go to school today.

What are the irrational messages?

What could be the positive or rational messages?

5. You just found out a person you've liked a lot asked your best friend to a dance. You really thought he or she was going to ask you.

What are the irrational messages?

What could be positive or rational messages?

6. You just moved to a new neighborhood and are attending a new school. You weren't very popular at your old school because you seemed to be very shy. Today is your first day at school and you really want to meet some people, but are very afraid.

What are the irrational messages?

What could be positive or rational messages?

7. Math is your worst subject. You just got a failing grade on a test for which you had really studied hard. All the people around you passed with a high grade.

What are the irrational messages?

What could be positive or rational messages?

8. You are at a friend's house and they have stolen some beer from the refrigerator. You are offered some and you really don't want any but are not comfortable saying "no" because your friend always makes fun of you for being such a "wimp".

What are the irrational messages?

What could be positive or rational messages?

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Goal: The student will demonstrate responsible assertive behavior.

Objective: State ways in which the need for acceptance influences behavior and decisions regarding drug use.

Learning Concept Coping

Vocabulary:

Academic Focus: Psychology

RESOURCES:

Handout:
"It's Your Right to Say No"

Bag of Jelly Beans

ACTIVITY

1. Review peer pressure with the class. (See Appendix A, pages 87-88.)

2. Distribute the handout, "It's Your Right to Say No." Generate with the students a typical situation that deals with refusal of the use of drugs. Role play each way of refusing listed in the handout with each situation generated by the class.

3. Complete the following exercise. Tell students that the activity will help them identify factors which influence the decisions they make and help them identify ways of dealing with peer pressure.

   INSTRUCTIONS:

   a. Ask for 4-6 volunteers to perform the role-play. Give each a role description from below. They should follow the role strictly and not discuss it with anyone else. If 6 role players are used, give 2 students role #3 and 2 students role #4.

   b. Give the students playing role #1 a bag of jelly beans.

RESOURCES:

ACTIVITY

c. Have the students proceed with the role-play. Students not participating in the role-play may add pressure by cheering, booing, etc., if you wish. Allow 4-5 minutes for the role-play.

4. Process the exercise by having the students discuss some of the following items:
   - How it felt to be pressured, even when you did not want to participate.
   - How it felt to give in to pressure.
   - How it felt to resist the pressure.
   - How it felt to be pressuring others.

ROLE DESCRIPTIONS

#1 - Eat some of the jelly beans and do everything you can to get the others to eat them too.

#2 - Even though you know jelly beans are fattening, you will take some when they are offered and then try to get others to try them (misery loves company!).

#3 - You will resist the pressure to take the jelly beans for a while and then give in.

#4 - You will not take any jelly beans under any circumstances.

5. Alternative activity: Arrange a field trip to Parchman Correctional Facility. Inmates may be available to talk with students about the role substances played in their incarceration.

Adapted from The Mississippi Alcohol Safety Education Program - Youth Education Project, 1985, The Mississippi Alcohol Safety Education Program and The Governor's Office of Highway Safety Program

IT'S YOUR RIGHT TO SAY NO

1. Make it simple. You don't have to explain why you don't want to use alcohol or other drugs if you don't want to. You can just say, "No, thanks." If that doesn't work, you can always say, "No, thanks again" or even stronger, "No way."
2. Give a reason. If you know the facts, someone telling you that it feels good to be stoned won't fool you. You can say, "No, I know it's bad for me. I'm not interested."
3. Have something else to do. "No thanks, I'm going to get something to eat." or "I'm going to the movies."
4. Be prepared for different kinds of pressure. There are different levels of peer pressure. It can start out friendly or teasing; if so, you can respond the same way. If the pressure seems threatening, then you might just have to walk away.
5. Avoid the situation. If you see or know of places where people often use drugs, stay away from those places. If you hear that people will be using alcohol or other drugs at a party, just don't go.
6. Change the subject. Someone says, "Try this!" You say, "No thanks. By the way, how did you do on the math test yesterday?"
7. Hang out with friends who don't use drugs. Sometimes, however, you may already have friends who decide to try a drug. And maybe, by saying no, you might make them think twice about using drugs themselves. That's how PEER PRESSURE can be positive too.

EVALUATION COMPONENT

1. Write a short paragraph explaining the role of communications in influencing perceptions of drug use, misuse, and abuse.

2. You just found out that several of your friends are trying out for cheerleader. You would really like to try out too, but you know you would never make it. Besides some people think cheerleading is stupid.

   What are the irrational messages in this situation?

   What could be a positive or rational message?

3. You just found out about a job you would really love to have but one of your friends already applied for it.

   What are the irrational messages in this situation?

   What could be a positive or rational message?

4. Your friends want you to go to a party this Friday, but your parents want you home early and you feel uncomfortable because you know there will be drugs at the party. What are some things you could do that would help you say no?

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EVALUATION COMPONENT RESPONSES

1. Responses should include: advertising which links use of substances with happiness, attractiveness, popularity, etc.; editorials; films and T.V. programs depicting substance use; magazines and books.

2. Answers will vary. May include: "I'm not good enough;" "My friends don't really care about my feelings;" "I couldn't do it anyway;" "It's best to just avoid the whole situation;" "People will stop liking me."

3. Answers will vary. May include: "I'm not good enough;" "My friends don't really care about my feelings;" "I couldn't do it anyway;" "It's best to just avoid the whole situation;" "People will stop liking me."

4. Answers will vary. Look for: make it simple, give a reason, have something else to do, be prepared for different kinds of pressure, avoid the situation, change the subject, hang out with friends who don't use drugs.

DRUGS AND THEIR EFFECTS

In order to discuss drugs and their effects, it will be useful to arrive at a common vocabulary and conceptual framework from which to view the use of drugs.

DEFINITION

We will begin by defining the word "drug" itself. This is a word that has acquired a variety of meanings over the years. Several studies have indicated that individuals have vast differences in their meanings when they use this word. The term DRUG is used to refer to any substance, other than most foods, that, when taken, alters the structure or function of the body or mind. This is a broad definition that encompasses many substances not generally thought of as drugs. This definition includes products that include caffeine, such as coffee and chocolate; and substances not manufactured as drugs but used as drugs, such as inhalants. This definition is important to all material presented in this manual.

THERAPEUTIC EFFECTS

The majority of drug use in our society is intended to benefit the user. Prescription and over-the-counter drugs are generally taken in an attempt to meet a perceived need. For example, if we have a headache or fever we take aspirin to relieve pain or lower our temperature. The positive effects that we hope to obtain by taking a drug are referred to as THERAPEUTIC EFFECTS. The therapeutic uses of drugs can be classified into the following general categories:

Prevention and control of disease through vaccination and immunization.

Prevention and control of infection through the use of penicillin and other antibiotics.

Prevention and relief of pain.

Regulation of body functions for metabolic disorders, contraception, gastrointestinal disorders, etc.

Induction of sleep or wakefulness through the use of sedatives, tranquilizers and some stimulants.

Treatment of mental and/or emotional problems.

SIDE EFFECTS

Many drugs have effects in addition to their therapeutic effects. These effects, which are usually unintended, are called SIDE EFFECTS. It is important for anyone using a drug to be aware of the potential side effects. Aspirin, for instance, is generally taken to relieve pain. It also causes stomach upset in some users and acts as an anticoagulant, thinning the blood. These side effects could have major implications for a user with a stomach ulcer, heart problems, or an injury.

Some drugs may be used or abused for their side effects rather than for their therapeutic effect. Amphetamines were once widely prescribed as an appetite suppressant to help people lose weight. In addition to the therapeutic effect of suppressing the appetite, amphetamines have a side effect of stimulating the central nervous system of the user. Amphetamines are commonly used for their stimulating side effects.

HOW A DRUG WORKS

DRUG ABSORPTION AND ELIMINATION

The specific effects of any drug are dependent on several factors including route of administration, rate of administration, speed of drug absorption, and rate of metabolism and elimination. Additionally, body factors and the set/setting influence drug effects. The person's size, height, and weight will affect the drug's potency. Food eaten can mediate a drug effect. The user's mood, personality, or immediate environment can affect the drug's potential effect. If the user expects to feel a certain way, often he or she will. Routes of drug administration include oral ingestion, inhalation, and injection (intravenous, intramuscular, and subcutaneous). Generally, oral ingestion is the slowest method of administration and provides the least control over dosage level, while the fastest rate of drug administration and maximum control over dosage level is provided by injection (especially intravenous). Injection, however, is associated with several disadvantages such as allowing less time to respond to adverse drug reactions or lethal drug doses.

Once a drug is absorbed into the bloodstream, it is quickly distributed throughout the circulatory system. Before reaching its target site, however, the drug must typically pass through certain body membranes.

USER EXPECTATION

It is not unusual for drug users to have the expectation that they can clearly define the specific effects that a particular drug will have upon them. In order to develop a clear understanding of how to anticipate as accurately as possible the effects of a drug, several variables must be considered. These variables operate within the drug, the user, and the environment in which the drug is taken. The impact of any drug on a person is determined by the interaction of these variables. Therefore, a particular drug in a specified dose can affect the same person differently on different occasions.

The nature of the drug being taken is the most important variable in determining the range of possible effects that the user might expect. However, that range of effects is defined by the dose and the other drugs taken at the same time. The manner in which the drug is administered also has an impact on its effect. Drugs may be taken orally, injected, absorbed through mucous membranes (e.g. "snorting" cocaine or using suppositories), or inhaled in a vaporous form. The sooner the drug reaches the bloodstream, the sooner it elicits changes in the body. In general, the fastest route of administration is injection followed by inhalation, absorption across mucous membranes, and oral ingestion.

PHYSIOLOGICAL SET

Other factors that have an impact on the effects of a drug are the set and setting. SET refers to the physiological and psychological state of the user. General physical health, body size, conditions of certain internal organs, the amount of food in the stomach, other drugs in the system, and how well-rested the body is, are some of the variables that comprise our PHYSIOLOGICAL SET and help to determine the effects of a drug. For example, drinking alcohol on an empty stomach leads to more rapid absorption and consequently more rapid intoxication.

PSYCHOLOGICAL SET

The expectation of the user may be the most important aspect of our PSYCHOLOGICAL SET. Several studies have indicate that expectations based on previous experience, stories we have heard, and what we have seen from other drug users play a major role in determining our behavior when we use a particular drug. Experience with a drug allows users to develop a PSYCHOLOGICAL TOLERANCE which means they can compensate for the effects of a drug on their behavior. Expectations of the user account for the well-known PLACEBO EFFECT. A placebo medication has no pharmacological effect but sometimes produces the desired therapeutic or other expected effect in the user. The effect of a placebo can therefore be generally attributed to the expectations of the user.

Mood, attitude and general personality orientation also contribute to our psychological set. Many users experience an intensification of their pre-existing mood following ingestion of a mood-altering drug. An individual who is poorly adjusted is more likely to experience adverse effects from a psychoactive drug than a well adjusted person.

SETTING

SETTING refers to the interpersonal and physical environment in which the drug is taken. The setting, likewise helps to shape the experience that the drug user has.

DRUG TOLERANCE, DEPENDENCE, AND WITHDRAWAL

TOLERANCE refers to the diminished responsiveness to a drug which occurs as a result of repeated administration. In other words, a person has developed tolerance when increased amounts of a drug are needed to maintain a particular level of response. Tolerance most commonly results when either the body becomes more effective at eliminating the drug through metabolism (e.g. the liver becomes more effective at producing enzymes which break down the drug) or when receptor cells lose their sensitivity to the drug as the result of repeated exposure.

DRUG DEPENDENCE is a concept that requires some clarification. The term "dependence" is replacing the words "addiction" and "habituation" which have been used in the past without the benefit of uniform or objective definitions. For example, the word "addiction" generally conjured up visions of needle tracks on the arms of heroin users. Given the broad definitions we are currently using, dependence can result from the persistent use of many drugs. The World Health Organization provides a definition for DRUG DEPENDENCE as follows: "Drug dependence is a state of psychic or physical dependence or both, on a drug, arising in a person following administration of that drug on a periodic or continuous basis."

PHYSICAL DEPENDENCE is identified by a characteristic withdrawal syndrome after the use of the drug is discontinued. Withdrawal occurs because the body has made physiological adjustments to accommodate for the continued presence of the drug: These automatic adjustments are known as TOLERANCE. When users have developed a tolerance, they no longer get the desired effect from the same dose of the drug. They must now take a larger dose to achieve the desired effect. When a chronic heavy user stops using the drug, the body must readjust to the absence of the drug. This readjustment includes physiological changes which comprise the withdrawal syndrome. The physical and psychological symptoms that make withdrawal vary according to the drug being used, the frequency and duration of use prior to abstinence, and the user's expectations.

PSYCHOLOGICAL DEPENDENCE refers to a strong desire or craving to achieve the effects produced by a drug. The psychologically dependent person may reach the point at which the drug-induced state is preferred by the user. This can occur without physical dependence on the drug.

An ABSTINENCE or WITHDRAWAL SYNDROME occurs when a drug is withdrawn from an individual who has developed a dependence on the drug. The specific physiological and psychological symptoms of withdrawal vary, depending on the drug involved. Withdrawal symptoms are relieved when the drug or similar agent is re-administered. Note that not all drugs which produce tolerance also cause withdrawal symptoms when administration of the drug is terminated (e.g. LSD produces a tolerance of short duration but is not associated with withdrawal symptoms).

DRUG INTERACTIONS

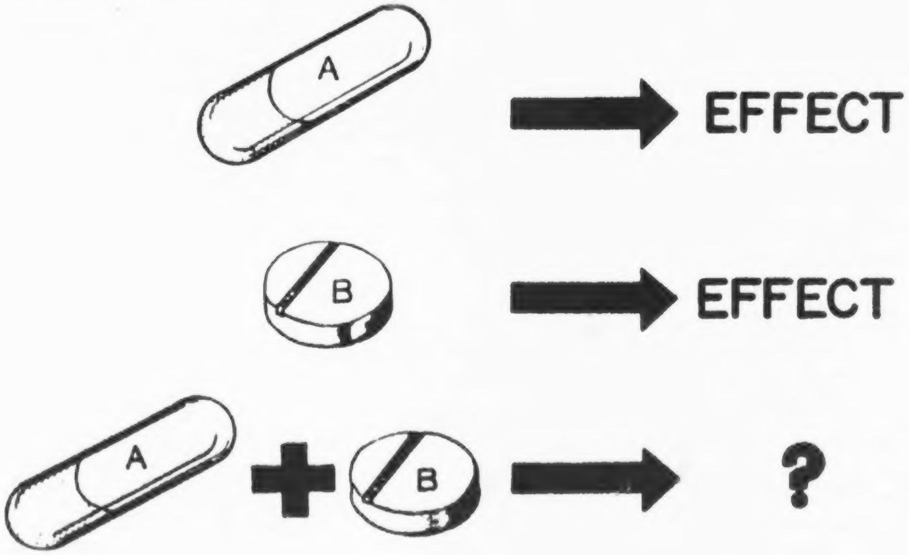
When an individual takes more than one drug at a time (POLYDRUG USE), there is a possibility that the drugs will interact with each other. A drug interaction refers to the use of two or more drugs which, when administered concomitantly, produce amplified or unexpected effects. Such interaction effects typically occur because one drug alters the action of the other drug. For example, alcohol combined with another sedative-hypnotic can produce a synergistic or super-additive (1 + 1 = 3) effect.

When you combine two or more drugs, the effects can be extremely unpredictable. If drug A has one kind of effect, and drug B has another, the effect of the two together is often not equal to effect A plus effect B. These DRUG INTERACTIONS, if they occur, can have one of three effects. ADDITIVE EFFECTS occur when the effect of two or more drugs taken together results in the simple sum of the effects of each of the drugs. However, the interaction between drugs is not always that straightforward. Sometimes one drug might reduce the action of another drug. This is referred to as an INHIBITORY EFFECT. At other times one drug may POTENTIATE or increase the effect of another drug much more than in a simple additive fashion. This multiplying effect is known as the SYNERGISTIC EFFECT. The synergistic effect and inhibitory effect are the effects that generally present the greatest risk of physical harm when an individual is using more than one drug at a time.

Drugs taken together may interact in a variety of ways. For example:

1. Drugs taken together may act independently of each other. For example, aspirin may lower the body temperature of a fevered patient while an antibiotic drug is eliminating the organism responsible for the disease and fever. Present knowledge indicates that alcohol does not interfere with the actions of vitamins or oral contraceptives, and vice versa. Each drug acts independently, although they are both present in the body at the same time.

2. Another way that drugs taken together may interact is through an additive effect. For example, both codeine and aspirin have the same overt effect of relieving pain. When small doses of both are taken together, the combined effect is relief of pain equal to the sum of the effects of the two drugs acting alone. Another example is the combination of alcohol and codeine-formula cough syrups. Both have the overt effect of sedation. When taken together a sedative effect is produced equal to a simple addition of the separate effects (1 + 1 = 2).



THE INTERACTION EFFECTS OF ALCOHOL WITH OTHER DRUGS

TYPE OF DRUG	GENERIC NAME	TRADE NAME	INTERACTION EFFECT WITH ALCOHOL
ANALGESICS Non-narcotic	Salicylates	(products containing aspirin) Bayer Aspirin® Bufferin® Alka Seltzer®	Heavy concurrent use of alcohol with analgesics can increase the potential for gastrointestinal bleeding. Special caution should be exercised by individuals with ulcers. Buffering of salicylates reduces possibility of this interaction.
Narcotic	Codeine Morphine		The combination of narcotic analgesics and alcohol interact to reduce functioning of the Central Nervous System (CNS) and can lead to loss of effective breathing function or respiratory arrest: death may result.
	Opium	℞ Pantopon® Paregoric	
	Oxycodone	℞ Percodan®	
	Propoxyphene	℞ Darvon® ℞ Darvon-N®	
	Pentazocine	℞ Talwin®	
	Meperidine	℞ Demerol®	
ANTIANGINAL	Nitroglycerin	℞ Nitrostat®	Alcohol in combination with antianginal drugs will cause the blood pressure to lower—creating a potentially dangerous situation.
	Isosorbide Dinatrite	℞ Isordil®, Sorbitrate®	
ANTIBIOTICS Anti-infective agents	Furazolidone	℞ Furoxone®	Certain antibiotics, especially those taken for urinary tract infections have been known to produce disulfiram-like reactions (nausea, vomiting, headaches, hypotension) when combined with alcohol.
	Metronidazole	℞ Flagyl®	
	Nitrofurantoin	℞ Cyantin® ℞ Macrodantin®	
ANTICOAGULANTS	Sodium Warfarin	℞ Coumadin®, Panwarfin®	With chronic alcohol use, the anticoagulant effect of these drugs is inhibited. With acute intoxication the anticoagulant effect is enhanced: hemorrhaging could result.
	Acenocoumarol	℞ Sintrom®	
	Coumarin Derivatives	℞ Dicumarol	
ANTICONVULSANTS	Phenytoin	℞ Dilantin®	Chronic heavy drinking can reduce the effectiveness of anticonvulsant drugs to the extent that seizures previously controlled by these drugs can reoccur if the dosage is not adjusted appropriately. Enhanced CNS depression may occur with concurrent use of alcohol.
ANTIDIABETIC AGENTS HYPOGLYCENICS	Chlorpropamide	℞ Diabinese®	The interaction of alcohol and either insulin or oral antidiabetic agents may be severe and unpredictable. The interaction may induce hypoglycemia or hyperglycemia; also disulfiram-like reactions may occur.
	Acetohexamide	℞ Dymelor®	
	Tolbutamide	℞ Orinase®	
	Tolazamide	℞ Tolinase®	
	Insulin	℞ Iletin®	
ANTIDEPRESSANTS	Nortriptyline	℞ Aventyl®	Enhanced CNS depression may occur with concurrent use of alcohol and antidepressant drugs.
	Amitriptyline	℞ Elavil® Endep®	
	Desipramine	℞ Pertofrane®	
	Doxepin	℞ Sinequan®	
	Imipramine	℞ Tofranil®	
ANTIHISTAMINES	(for example) Chlorpheniramine	(many cold & allergy remedies) Coricidin® Allerest®	The interaction of alcohol and these drugs enhances CNS depression.
ANTIHYPERTENSIVE AGENTS	Rauwolfia Preparations	℞ Rauwildoid®	Alcohol, in moderate dosage, will increase the blood pressure lowering effects of these drugs, and can produce postural hypotension. Additionally, an increased CNS depressant effect may be seen with the rauwolfia alkaloids and methyldopa.
	Resperine	℞ Serpasil®	
	Guanethidine	℞ Ismelin®	
	Hydralazine	℞ Apresoline®	
	Pargyline	℞ Eutonyl®	
	Methyldopa	℞ Aldomet®	

TYPE OF DRUG	GENERIC NAME	TRADE NAME	INTERACTION EFFECT WITH ALCOHOL
ANTIMALARIALS	Quinacrine	℞ Atabrine	A disulfram like reaction and severe CNS toxicity will result if antimalarial drugs are combined with alcohol.
CNS DEPRESSANTS Barbiturate Hypnotics	Phenobarbital Pentobarbital Secobarbital Butabarbital Amobarbital	℞ Luminal® ℞ Nembutal® ℞ Seconal® ℞ Butisol® ℞ Amytal®	Since alcohol is a depressant, the combination of alcohol and other depressants interact to further reduce CNS functioning. It is extremely dangerous to mix barbiturates with alcohol. What would be a non-dangerous dosage of either drug by itself can interact in the body to the point of coma or fatal respiratory arrest. Many accidental deaths of this nature have been reported. A similar danger exists in mixing the non-barbiturate hypnotics with alcohol.
Non-barbiturate hypnotics	Methaqualone Glutethimide Bromides Flurazepam Chloral Hydrate	℞ Quaalude® ℞ Doriden® ℞ Neurosine® ℞ Dalmane® ℞ Noctec®	Disulfiram-like reactions have been reported with alcohol use in the presence of chloral hydrates.
Tranquilizers (major)	Thioridazine Chlorpromazine Trifluoperazine Haloperidol	℞ Mellaril® ℞ Thorazine® ℞ Stelazine® ℞ Haldol®	The major tranquilizers interact with alcohol to enhance CNS depression resulting in impairment of voluntary movement such as walking or hand coordination, larger doses can be fatal.
Tranquilizers (minor)	Diazepam Meprobamate Chlordiazepoxide-HCL Oxazepam	℞ Valium® ℞ Equanil® ℞ Miltown® ℞ Librium® ℞ Serax®	The minor tranquilizers depress CNS functioning. Serious interactions can occur when using these drugs and alcohol.
CNS STIMULANTS	Caffeine Amphetamines Dextroamphetamine Methamphetamine	(in coffee and cola) Vanquish® ℞ Benzedrine® ℞ Dexedrine® ℞ Desoxyn®	The stimulant effect of these drugs can reverse the depressant effect of alcohol on the CNS resulting in a false sense of security. They do not help the intoxicated person gain control over coordination or psychomotor activity.
DISULFIRAM (anti-alcohol preparation)	Disulfiram	℞ Antabuse®	Severe CNS toxicity follows ingestion of even small amounts of alcohol. Effects can include headache, nausea, vomiting, convulsions, rapid fall in blood pressure, unconsciousness, and with sufficiently high doses - death.
DIURETICS (also anti-hypertensive)	Hydrochlorthiazide Chlorothiazide Furosemide Quinethazone	℞ Hydrodiuril Esidrix® ℞ Diuril® ℞ Lasix® ℞ Hydromox®	Interaction of diuretics and alcohol enhances the blood pressure - lowering the effects of the diuretic; and could possibly precipitate postural hypotension.
MONOMAINE OXIDASE INHIBITORS (MAOI)	Pargyline Isocarboxazid Phenelzine Tranylcypromine	℞ Eutonyl® ℞ Marplan® ℞ Nardil® ℞ Parnate®	Alcoholic beverages (such as beer and wines) contain tyramine, which will interact with an MAOI to produce a hypertensive, hyperpyrexic crisis. Common use of alcohol with MAOIs may result in enhanced CNS depression.

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DRUG CLASSIFICATIONS

Many systems of drug classification have been developed based on different considerations. There is little uniformity in the literature so we have chosen a classification that best meets the needs of this manual. This resource section organizes drugs according to their predominant effects, and six categories are used: Stimulants, Depressants, Narcotics, Marijuana, Psychedelics or Hallucinogens, and Inhalants. Marijuana is placed in a category by itself because it does not fit neatly into any of the other categories and is a drug of primary interest to many people.

Within each of the categories presented here, we can also differentiate drugs based on the degree of regulation by society and/or the source of the drug. Many of these terms are useful in a broadly-focused discussion of drugs. We will define several other terms that are used in this program and are commonly found in drug literature.

PRESCRIPTION DRUGS are manufactured by pharmaceutical companies and their production is regulated by the federal government. They can be dispensed only with a physician's order. OVER-THE-COUNTER DRUGS, like prescription drugs, are produced commercially but may be purchased, without a prescription, by anyone. UNRECOGNIZED DRUGS is a relatively new term used to refer to substances not generally thought of as drugs such as alcohol, coffee and other caffeine sources, tobacco, solvents and other inhalants. These unrecognized drugs are also commercially produced, but vary in the degree of regulation of their production and use. ORGANIC DRUGS are plant substances that are used for their psychotropic effects. These drugs, again, vary as to the degree of restriction on their use. Marijuana, psilocybin mushrooms, and the peyote cactus are common examples of these drugs.

In the following sections, each major category of drugs will be examined along with the specific effects of some of the more popular drugs in that category. The major categories and their general effect on the mind or body are as follows:

Narcotics - They reduce the feeling of pain. Heroin, morphine, and opium are some of the drugs in this category.

Depressants - They depress the central nervous system (brain and nerve system); they slow down and sedate it. "Downers," alcohol, sleeping pills, and some tranquilizers fall into this category.

Stimulants - They stimulate or speed up the central nervous system; they create alertness or edginess. Sometimes they are known as "uppers" or "speed." Cocaine, caffeine, and methamphetamines are some of the drugs in this category.

Hallucinogens - They distort sight and sound; they are mind-altering and may cause people to hear or see things that are not there. LSD, psilocybin mushrooms, PCP, and mescaline are in this category.

Inhalants - These are substances not developed as drugs, but when misused, produce mind-altering effects. They are sniffed or inhaled and their effects are highly unpredictable. One sniff may leave the user slightly intoxicated; the next sniff may cause permanent brain damage or death.

Marijuana - This drug is in a category by itself because it has some of the same effects as both depressants and stimulants.

Miscellaneous - This category includes other medically used drugs. It includes medicines, vaccines, and vitamins.

NARCOTICS

Narcotics refer to opium and opium derivatives or synthetic substitutes like morphine, codeine, heroin, hydromorphene, meperidine, and methadone.

Narcotics and analgesics (e.g. opium, morphine, codeine, Darvon, Demerol, Percodan, Dilaudid) have both a sedative and pain-relieving effect. In some people, euphoria is induced by the use of narcotics while others experience dysphoria, anxiety, fear, lethargy, apathy, sedation, mental clouding, inability to concentrate, nausea, and vomiting. The general effects of narcotics include respiratory depression, constricted pupils, nausea, and constipation.

The major medical uses of the narcotics are the relief of pain, the treatment of diarrhea, and the relief of coughing. They are legally obtained by prescription only.

The effects of single doses have been shown to elevate reaction time. However, it is not clear whether the depressant effects degrade psychomotor activity directly or lead to a general decline in all activity. Regardless, the altered mental state that the narcotics produce contraindicates their use while driving. The combined effects of alcohol and morphine (one of the main narcotics) have been shown to clearly produce potentiation and thus severely impair driving ability.

The withdrawal effects of narcotics are watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills and sweating, cramps, and nausea. These symptoms are often mistaken for an indication of the flu. Death is very seldom a consequence of narcotic withdrawal. The symptoms of overdose are slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

DEPRESSANTS

Sedative-hypnotics or depressants fall into several categories: the barbiturates (e.g. Seconal, Nembutal, Amytal, Tuinal); the nonbarbiturates (e.g. Doriden, Noludar, Parest, Quaalude, Sopor); the anti-anxiety agents (minor tranquilizers); a group of miscellaneous compounds not structurally related to those mentioned; and alcohol. Because alcohol is the most commonly-used and socially-accepted drug today, it will be discussed at length following the general drug information section. The sedative-hypnotics are capable of inducing not only behavioral sedation or sleep, but also behavioral alterations ranging from relief of anxiety, to sedation, release from inhibition, sleep, anesthesia, coma, and finally death. The barbiturates and nonbarbiturate hypnotics will be presented here. The primary use of the hypnotics is to produce a state of drowsiness or sedation. In higher doses, they are used to induce sleep, as general anesthetics for surgery, and to prevent convulsions. These agents are obtained legally only by prescription.

Possible effects of depressants include slurred speech, poor coordination, disorientation, dozing off in class, poor concentration, and drunken behavior without the odor of alcohol. The anesthetic effects of these drugs may lead to unnoticed injuries and severe bruising without reported pain.

The effects of the hypnotics in therapeutic doses have been shown to degrade motor control including hand steadiness, reaction time to both visual and auditory stimuli, tracking performance, braking, releasing pressure from the accelerator, and staying centered on the road. In addition, low doses of barbiturates have produced nystagmus (twitching of the eyes), interfered with eye vergence, and impaired performance on tasks requiring a division of attention.

The effects of many of the hypnotics may also impair motor skills the following morning after ingestion (10 hours after ingestion) and continue to degrade performance for 12 hours.

While the use of these agents alone can severely impair driving, their concurrent use with alcohol potentiates and further degrades driving ability. Thus, a barbiturate-alcohol combination produces a greater hazard for driving than the single use of either drug. This may be due, in part, to the slowed disappearance of the barbiturates from the blood by alcohol. This tends to prolong the behavioral effects of the combined use of the drugs. Clearly, a barbiturate-alcohol combination is one of the most hazardous and life-threatening ones, either on or off the road.

Depressant overdose will produce shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, stomach cramps, fearfulness, seizures, convulsions, and possible death. These are extremely dangerous drugs because of the "medicine cabinet" use, the possibility of death upon withdrawal, and the multiplied effect of mixing these substances with alcohol.

Minor tranquilizers are low-potency sedative-hypnotics used in the treatment of anxiety and neurosis. They are central nervous system depressants (drugs which slow down the body) and help relieve tension and anxiety. The minor tranquilizers (e.g. Valium, Librium, Equanil, Dalmane, Serax) can induce a state of disinhibition, euphoria, and relief from anxiety in low doses, and sleep, general anesthesia, coma, and finally death in high doses. The minor tranquilizers are legally obtained only by prescription.

The use of any of the minor tranquilizers alone has been shown to impair psychomotor skills. Complex eye-hand coordination, tracking performance, and reaction time may all be impaired by their use, even in small doses. They have been shown to cause significantly more accidents in simulated driving than a placebo. (A placebo, sugar pill, is a neutral medication sometimes given to research participants so they will be unaware of whether they have been given a true drug or a harmless pill. This helps to distinguish the true effects of a drug from those that may occur because of what the user expects, desires, or has been told the drug will do.) One of the hazardous features of these agents is the accumulation of their active metabolites in the organism. These active metabolites may also significantly impair one's driving skills the morning (or many hours) after their use. These drugs are among the most widely prescribed in the U.S. and are the most commonly associated with accidents.

Several studies have shown that the use of the minor tranquilizers with alcohol potentiates their effects. This is true of Valium more so than Librium, although only low doses are required of either agent for this effect. Even if Valium is administered 10 hours before alcohol, an additive interaction can still be observed. Because of their widespread use and their obvious implication in traffic accidents, a person should refrain from driving while using any minor tranquilizer alone and particularly if combined with alcohol.

Alcohol is one depressant that stands out from all the rest because of its legality, availability, and pervasive use. The number one drug of abuse in this country is alcohol. Alcohol is thought by many to be the most innocuous but is actually the most harmful drug prevalent today.

Scientists believe that alcohol has been known to man for nearly 10,000 years. They speculate that a bowl of berry juice was left outside, and yeast from the air fell into the juice. Fermentation took place, and this action resulted in wine. When the people drank this fermented juice, alcohol and its effects were discovered.

Statistics now indicate that 77% of the men and 60% of the women in the U.S. drink. Most of them drink moderately, but nearly 10% are alcohol abusers and/or alcoholics. The average American drinks 2.6 gallons of liquor, 2.16 gallons of wine, and 26.6 gallons of beer a year.

Alcohol is probably the oldest drug known to man. Yet, there exists much misinformation regarding its properties and effects on the human body. It has only been in recent years that researchers have begun to study and understand the effects of alcohol.

There are three types of alcohol: methyl, used for industrial purposes; isopropyl or rubbing alcohol; and ethyl or grain alcohol which is in beer, wine and distilled liquor. Both methyl and isopropyl are highly poisonous if drunk by humans.

Beer, which is brewed, usually contains 4-5% alcohol. Wine, a fermented beverage, usually contains 8-14% alcohol but can contain up to 18-21%. Distilled liquor contains 40-50% alcohol ("Proof," the measure used on distilled liquor, equals one half of one percent. So 80 proof means 40% alcohol.).

Alcohol use by students is sometimes detectable in the classroom because of the distinctive odor of the breath and by the obviously intoxicated behavior of its users. However, the odor can be partially disguised by breath mints and gum. Signs of intoxication are not easy to cover up, especially in adolescents. These signs include emotional excitability or euphoria, shortened attention span, lack of concentration, poor coordination and/or mild tremor (especially of the hands - check handwriting), a flushed appearance, dilated pupils, poor eating habits, weight loss, excessive sweating, and with heavy use, staggering, unconsciousness, vomiting, and an inability to speak clearly.

Some of the health hazards associated with chronic use of alcohol are malnutrition (caused from loss of appetite and the body's inability to properly metabolize food), ulcers, impotence, brain and liver damage, and delirium. Withdrawal from alcohol can be especially dangerous after long use because of the increased tolerance for the drug.

Even more dangerous than the medical hazards are the problems created by myths and misconceptions associated with alcohol use. One popular misunderstanding is reflected by a statement made by many parents: "At least he's drinking and not using drugs." Alcohol is a drug, and a very dangerous drug. Also, alcohol is alcohol no matter what beverage contains it. Beer, wine, champagne, and whiskey are all intoxicants and contain ethyl alcohol, the chemical to which one can become addicted.

STIMULANTS

Another category of drugs is the "upper" or stimulant, which includes amphetamines, cocaine, phenmetrazine, methylphenidate, nicotine, and caffeine (often found in cold tablets and cough syrups as well as in coffee, tea, colas, and chocolate). The more common of these are the amphetamines ("speed") and cocaine ("coke, snow, flake"). This category of drugs is considered to be extremely addictive. Cocaine is not likely to be seen as often as the amphetamines in the classroom because of the expense involved in its use.

The behavioral manifestations of stimulant use are increased alertness with poor concentration, excitation, euphoria, insomnia, and loss of appetite. Some other signs of stimulant use are sweating and body odor, sniffing on one side of the nose, watery eyes, jerky movements, and general agitation.

Chronic use of stimulants can produce weight loss, chronic anxiety, extreme irritability, insomnia, and a perforated nasal septum. In some cases "crashing," or coming off the drug suddenly results in extreme depression and suicidal thoughts.

The effects of a stimulant overdose may include apprehension, headache, nausea and vomiting, agitation, increase in body temperature, hallucinations, convulsions, irregular heartbeat, fibrillation, and possible death. In some cases "cocaine psychosis" is demonstrated. This is evidenced by extreme paranoia, persecutory hallucinations, delusions, extreme itching ("cocaine bug"), and violent behavior.

Amphetamines (e.g. Benzedrine, Desoxyn, Dexedrine, Preludin), a specific type of stimulant, are prescribed for the sleep disorder, narcolepsy, in treating hyperkinetic children, and for short-term weight loss. Cocaine is used legally only by doctors as a local anesthetic. Usually some derivative of cocaine is actually used such as Xylocaine or Novocaine.

Prescribed dosages of amphetamines used by themselves may improve driving performance in monotonous surroundings, but not in traffic. Any behavioral stimulant, however, from cocaine to large amounts of caffeine, may cause excitability which may lead to exaggerated reactions in traffic. The exhaustion a user experiences after these stimulants wear off may also be dangerous for driving. In large amounts the amphetamines can produce a confused or paranoid state which can lead to a driving hazard.

When amphetamines (stimulants) are ingested concurrently with alcohol (a depressant), antagonism is not always evident. In contrast, the user of both drugs may feel less depressed or intoxicated, but, in fact, is still impaired. This may lead to further consumption of alcohol since the person does not subjectively "feel drunk." This is similar to the wide-awake drunk that consumes coffee in an attempt to sober up. This impairment in judgment indicates that driving while under the influence of this combination of agents may be hazardous.

Cocaine produces effects almost identical to amphetamines, and it is also a potent local anesthetic for oral and nasal surgery. However, effective synthetic anesthetics have been developed without the unfavorable side effects of cocaine. Cocaine is obtained from the leaves of the coca bush which grows on the eastern slopes of the Andes Mountains. The leaves of the coca plant are plucked, dried, then packed into bales and stored. They eventually are treated with lime, which releases the cocaine. The drug is a white, crystalline powder. It is used recreationally, most commonly by inhalation through the nose, injection and in recent years a popular method has been to reduce it to its purest form and smoke it (freebasing). It can also be swallowed.

Cocaine has received a great deal of media coverage due to celebrities being arrested for possession and sales. It is a very expensive drug (one gram costing $100 to $140) and can yield high profits on the street for those who are willing to take the legal risk.

As mentioned earlier, "speedballing" is the use of stimulants with narcotics, and cocaine is the primary stimulant used in this fashion. John Belushi, young actor and comedian, mixed cocaine and heroin, and overdosed due to speedballing.

The immediate effects of cocaine use are as follows:

Effects for Recreational Use - In low doses, cocaine produces a short-lived euphoric sensation which includes mood elevation, increased energy, suppressed appetite, postponed fatigue, mental alertness, and greater sensory awareness. When inhaled, the euphoria peaks within 30 minutes and diminishes over the next hour.

In larger doses the user may feel the above symptoms only more intensely, and may become bizarre, erratic, and even violent. When used intravenously, cocaine reaches the brain in 14 seconds, which causes a euphoric "rush" to the user, a 20 minute to one hour high, followed by depression.

Subjectively, cocaine users report feeling alert, excited, in control, with a heightened sensory awareness. Many users feel a greater sense of power and self confidence when high, are more open to social exchanges, and do not have to deal with the classic hangover or "spaced out" feelings other drugs leave the user with when coming down. These feelings, coupled with the fact that it is a high status drug, make cocaine an attractive substance to many.

On the street, cocaine is mixed (or "cut") with added chemicals to make more profit when sold. Some of these substances are mannitol (a mild laxative), lactose, or any inert and similar appearing substance. Sometimes other drugs such as amphetamines, PCP, novocaine or xylocaine are added. These additions can have negative effects on the body, cause toxic or allergic reactions, and can even be fatal. Usually illicit cocaine is only 5% to 35% pure. Overdose is rare among cocaine users. When it does occur, it is usually a result of administering large amounts of the drug, most easily done intravenously. The anesthetic effect of cocaine causes marked depression of the central nervous system, which could result in failure of the respiratory system. A large dose can also cause convulsions, heart failure, and very high fever or coma. The minimal lethal dose of cocaine is estimated to be 1.2 grams taken at once. However, freebasers can smoke as much as 3.5 grams, and others can "snort" 5 grams and tolerate it.

The long term effects include:

1. Nasal Damage - Frequently inhaling cocaine through the nostrils, or "snorting" can cause damage to the nasal passages. A constantly runny nose is characteristic of a frequent cocaine user.

2. Deterioration of Vital Organs - Additional damage to body organs is similar to other forms of stimulant abuse.

3. Paranoid Syndrome - This occurs after prolonged continual use of cocaine. The user may go on a "cocaine run" for several days, not eating or sleeping, and eventually becoming suspicious, with hallucinations and delusions, believing self to be in danger. These symptoms disappear quickly when cocaine use is stopped.

4. Infection - The use of unsterile needles can create an infection in those who use cocaine intravenously. Also, intravenous use increases the risk of overdose.

5. Crime - Because cocaine is so costly, users with big habits must have access to large amounts of cash. As a result, users might either begin to sell cocaine for the profits and the availability of the drug, or get involved in crimes such as burglary or breaking and entering to support their habit.

Cocaine is not physically habituating in the classic sense, as withdrawal does not include nausea, cramping or any other standard withdrawal symptoms. However, when discontinuing use, a person will experience extreme fatigue, long and undisturbed sleep, strong hunger, irritability, and depression. Some long-term users experience severe depression for several days and become suicidal.

A physical tolerance does develop with cocaine use and large amounts can be administered and tolerated. The amount tolerated depends on the purity and the freshness of the drug and these qualities vary from gram to gram.

Experiments with animals have shown that cocaine is perhaps the most powerful drug of all in producing psychological dependence. Though the majority of cocaine users are occasional or social consumers, others develop a compulsive need for the drug and will use it in every social situation or will use it continually (such as every hour) until the drug is gone. Injectors or freebasers seem to develop even more compulsive patterns as the method of administration allows a faster and more intense effect or "rush," and a shorter high. The old saying "The higher you go the farther you fall" is particularly apt when referring to cocaine. The higher the rush, the deeper the depression when coming down. After prolonged use, many users have a limited ability to deal with fatigue and depression. Consequently, heavy users sometimes go to great lengths to avoid the depression, and will continue using cocaine at great personal and financial expense.

There is no answer as to why some people who use cocaine frequently use it in a noncompulsive fashion, whereas others develop very compulsive patterns quickly. The method of administration does lend some clues. Those who snort cocaine may use it hour after hour, but do not use it with the intense and constant compulsion seen in freebasers.

In most states illegal possession of cocaine is a felony offense. Penalties range from probation to fine and imprisonment. Trafficking cocaine is a far more serious offense and incurs a stiffer sentence.

Caffeine, found in coffee, tea, soft drinks and chocolate, is probably the world's most popular drug. Caffeine is used therapeutically in a cream for the treatment of acne. It is often included as an ingredient in headache pills and in stimulants. It is thought to possibly be beneficial in the treatment of hyperkinetic children.

Caffeine was first extracted from coffee in 1820. Its content in coffee beans varies according to the strain of coffee plant. Caffeine is present in cocoa beans, Kola nuts, and in tea leaves which generally contain more caffeine by weight than coffee beans. Substantial amounts of caffeine can be ingested from cola drinks; half of the caffeine comes from the Kola nut base and half is added. The table that follows indicates the approximate amount of caffeine found in popular products.

CAFFEINE CONTENT OF POPULAR PRODUCTS

Coffee		
Instant	6 oz.	70 mg.
Drip	6 oz.	135 mg.
Percolated	6 oz.	100.mg.
Decaffinated	6 oz.	6 mg.
Tea		
Brewed	6 oz.	50 mg.
Instant	6 oz.	47 mg.
Cocoa	6 oz.	5 mg.
Chocolate	1 oz.	10 mg.
A & W Root Beer	12 oz.	0
Coca-Cola	12 oz.	45 mg.
Dr. Pepper	12 oz.	43 mg.
Diet Dr. Pepper	12 oz.	43 mg.
Mellow Yellow	12 oz.	53 mg.
Mountain Dew	12 oz.	54 mg.
Mr. Pibb	12 oz.	41 mg.
Diet Mr. Pibb	12 oz.	59 mg.
Pepsi-Cola	12 oz.	38 mg.
Diet Pepsi	12 oz.	36 mg.
Pepsi Free	12 oz.	0
Pepsi-Light	12 oz.	36 mg.
Royal Crown Cola	12 oz.	36 mg.
Seven Up	12 oz.	0
Diet Seven Up	12 oz.	0
Sprite	12 oz.	0
Diet Sprite	12 oz.	0
Tab	12 oz.	47 mg.
Over-the-Counter Medications (pain relievers, diet pills, stimulants)		Amount should be listed on package

(*1981 Manufacturer's report and popular research reports)

Though caffeine does appear in over-the-counter drugs, most people use caffeine recreationally. Caffeine can be misused or abused by the combined use of several caffeine-containing products in one day.

Caffeine begins to reach all tissues of the body within five minutes, and the effects last about four hours. The general stimulant effects of caffeine can include increased heart beat, imperfect balance, insomnia, high-pitched voice, finger tremors and postponement of fatigue. Larger doses of caffeine, especially in nonusers, can produce headache, jitteriness, and nervousness. Seven or eight cups of coffee in a sitting could produce hallucinations or convulsions and 67-100 cups ingested in a short time could cause death.

Long term effects of caffeine include:

1. Heart Attack - If a person regularly drinks one to five cups of coffee a day, the risk of having a heart attack is 60% higher than if none is consumed. Caffeine raises blood pressure, causes the heart to race or have extra beats, and interferes with sleep.

2. Peptic Ulcers - Ulcers in children have become more common as the use of caffeinated beverages has become more popular.

3. Personality - The personality of heavy users may change. Caffeine can cause irritability, edginess, over- stimulation, and confusion.

4. Pregnancy Complications - Evidence of caffeine-caused reproductive disorders in animals has led to human studies questioning heavy caffeine use during pregnancy.

Regular use of 350 mg. or more of caffeine a day can result in mild physical dependence on the drug. If regular use is discontinued, withdrawal symptoms may appear, including severe headaches, irritability, and fatigue. Regular use can also cause a high tolerance to caffeine such that a person may drink five cups of coffee a day, or more, without any noticeable effects.

Psychological dependence is common with or without physical dependence. High level, regular use of caffeine-containing beverages in social situations or on a daily basis may be indicative of psychological dependence.

Both prescription and over-the-counter drugs that contain caffeine are regulated by state and federal laws. Caffeine-containing beverages are not controlled by law.

Nicotine is the substance most widely used for its psychoactive effects next to caffeine. Nicotine is the most potent ingredient of the tobacco plant, Nicotiana Tabacum. It is one of the most toxic drugs known. The nicotine content of one cigar is close to two lethal doses for humans, but when it is ingested in the form of tobacco, nicotine seems to be less toxic than one would expect. Tobacco use is now almost universally condemned as a major cause of ill health, and it is not used medically. Tobacco products may be smoked, sniffed or chewed.

Nicotine stimulates the central nervous system; heart rate increases, blood pressure rises, and skin temperature drops. When tobacco is smoked, additional effects occur. Respiration is increased, as is motor activity of the bowel. Paradoxically, smoking can cause relaxation in habitual users of tobacco. Research conducted at Florida State University suggests that male smokers experience decreased sexual arousal when they are under the effects of nicotine.

The main immediate effect of nicotine is on the smoker's respiratory system. All air we breathe is directed into the lungs via our upper respiratory system (nose, mouth, throat, trachea, bronchial tubes, and lungs). With that air, which includes cigarette smoke if one smokes, we breathe in gases and particles, many of which are useless to the body and only irritate the respiratory system. Gases and particles not filtered by the nose, penetrate deeply and attach to the mucus on the walls of the bronchial passages. Fortunately, our respiratory system has a built-in cleaning mechanism in the form of cilia. Cilia are tiny, hairlike brushes which line the trachea and bronchial passages. They sweep or beat rhythmically about 10 times a second or 36,000 times an hour. Dirt-laden mucus and foreign particles are swept up and out by the cilia. Coughing and sneezing are two other ways the body rids the respiratory system of foreign matter. Unfortunately, smoking cigarettes paralyzes the action of the cilia. One cigarette stops the cilia for 20 minutes or more. As the cilia are paralyzed, tars and other cancer-causing agents in cigarette smoke irritate mucous membranes in the lungs and increase the amount of mucus produced. This creates a perfect environment for infection.

Smoking also constricts the blood vessels and interferes with the body's ability to take in oxygen. This, in turn, requires the heart to work harder (increased heart rate and blood pressure) to supply enough oxygen to the body.

Until the body develops tolerance, cigarette smoke causes a feeling of nausea. It also causes dizziness and unsteadiness due to the effects on the equilibrium maintenance center of the brain.

Long-term effects include:

1. Heart Disease - Cigarette smoking contributes to heart disease which kills more Americans than any other disease. The rate of heart attacks is two to three times higher in smokers than in nonsmokers. Smoking directly affects the heart since the smoke constricts blood vessels, diminishing the amount of available oxygen to the body, thus causing increased heart rate and blood pressure. Smoking also exacerbates heart trouble when it occurs in conjunction with other risk factors such as hypertension, physical inactivity, obesity, diabetes, and a family history of heart disease.

2. Bronchitis - Inhaling foreign substances, such as polluted air, heavy cigarette smoke or dust, is the leading cause of bronchitis. After exposure to irritating factors, the mucous glands overproduce, cilia action slows down, and the respiratory system is left susceptible to infection. "Smoker's cough" is a sign of bronchitis.

3. Emphysema - Smoking is a major factor in contributing to the development of emphysema. This disease is characterized by shortness of breath due to the victim's difficulty in expelling air and the poor distribution of the inhaled air throughout the lungs.

Emphysema causes a gross enlargement of the lungs and lowers blood oxygen levels, which causes the heart to overwork. Most patients with advanced emphysema die of heart failure. The victim usually cannot date the onset of this disease. Repeated winter colds followed by chronic bronchitis developing into emphysema is not an unusual pattern. Emphysema does not always result in death, but can leave a person with respiratory handicaps, severely restricting physical activity.

4. Lung Cancer - Cigarette smoking is the leading cause of lung cancer. Fifty years ago, lung cancer was uncommon. Several factors associated with smoking influence one's susceptibility to lung cancer, such as:

   Number of cigarettes smoked
   Length of time a person has smoked
   Depth a person inhales cigarette smoke
   Level of "tar" in a cigarette.

   Lung cancer can develop when cilia are paralyzed by cigarette smoke and the cigarette's cancer-causing and cancer-promoting compounds can accumulate on the lining of the bronchial tubes. Symptoms of lung cancer are coughing, vague chest pains, sneezing, shortness of breath, and increased expectoration. The symptoms, however, usually appear only after the disease has spread to other parts of the body. Further, a correlation has been demonstrated between the use of all forms of tobacco and cancers of the oral cavity, larynx, and esophagus.

   Research indicates that cigarette smoke traps naturally occurring radiation and concentrates it in "hot spots" in the body of smokers (and passive smokers). This greatly increases the risk of cancer.

5. Weight Reduction - Nicotine reduces one's appetite as do most stimulants, and at the same time, the process of smoking gives a sense of oral satisfaction. Consequently, when smokers quit, they often gain an average of fifteen pounds for every pack per day of previous consumption. However, this weight gain is usually temporary.

6. Pregnancy Complications - Smoking affects a pregnant woman's unborn child in several ways. First, nicotine and other harmful substances cross the placenta and go directly to the fetus. Second, nicotine restricts the blood vessels of the mother, reducing the amount of oxygen the fetus receives. Third, carbon monoxide replaces oxygen in the blood, further reducing the fetus's oxygen supply. It is estimated that a woman who smokes two packs of cigarettes a day reduces the fetus's oxygen by 40%.

   Smoking inhibits the development of the fetus which results in lowered birth weight and can cause mental retardation, reading problems, minimal brain dysfunction, and an increased chance of spontaneous abortion and fetal or neonatal death.

Users of tobacco are also much more likely than nonusers to develop blockage of blood vessels in the heart muscle, the brain and the limbs. They are more likely to suffer stomach ulcers and to have ulcers that heal slowly. Skin wounds may heal less quickly, partly because smoking depletes Vitamin C levels. Smokers seem to have less effective immunity systems than nonsmokers.

Some of the chronic effects of smoking may be the result of associated habits; for example, heavy caffeine use may be a factor increasing the risk of heart attack and high blood pressure in smokers. It has been estimated, however, by the British Royal College of Physicians, that each cigarette cuts five and one-half minutes from a smoker's life span.

Physical and psychological dependence on cigarettes often sets in when daily use exceeds ten cigarettes. Three out of four smokers wish or have tried to stop smoking, but only one in four kicks the habit before the age of 60. Some research evidence suggests that regular smokers smoke in order to maintain a minimum blood level of nicotine. There is no physical danger involved in withdrawal from nicotine; however, the psychological desire to continue the habit of smoking can be very difficult to overcome. Psychological dependence is usually associated with what the smoker receives from the process of smoking. The nicotine stimulates, but the process of smoking involves handling the cigarette, watching the smoke, inhaling deeply, and a number of rituals that reduce tension and promote relaxation. When smokers quit, it is often these things they miss and crave.

It is against the law for cigarettes to be sold to a minor. The law reads: No person shall sell, barter, furnish or give away directly or indirectly to any minor any cigarette, cigarette wrapper or any substitute for either, or procure for, or persuade, advise, counsel or compel any child under said age to smoke any cigarette. Any person violating the provisions of this section shall be guilty of a misdemeanor of the second degree.

Sheriffs, their deputies or any police officer shall enforce the provisions of this law and may summon any minor who may have or have had in his possession any cigarettes or cigarette material and compel him to testify before the county court judge as to where and from whom he obtained such cigarette or cigarette material.

HALLUCINOGENS

Hallucinogens are drugs that are also known as psychedelics and can produce visual, auditory, or other hallucinations. In effect, they separate the individual from reality. They can also induce disturbances in cognition and perception. Although marijuana is often classified as a hallucinogen, very high doses of potent marijuana are usually required to achieve profound sensory distortions or hallucinations. Other hallucinogens include LSD, peyote (mescaline), psilocybin (from mushrooms), DMT (dimethylthryptamine), MDA (methylededioxyamphetamine), and phencyclidine (PCP or Angel Dust). Although some of these agents are used by religious groups in rituals, they are illegal except for research purposes.

The effects produced by LSD, psilocybin, and mescaline are remarkably similar and will be described together. Although psilocybin and mescaline occur naturally in plants, they can also be synthesized. LSD is a semisynthetic drug derived from lysergic acid, an alkaloid found in ergot, a fungus which grows on rye and other grains. The organics are sometimes sold in their plant form. These drugs can also be obtained in various colored tablets or capsules and can be found in powder or liquid form. LSD is also sold as "windowpane" which is a small square of gelatinous material which has been impregnated with LSD. The drug is usually ingested orally. (Refer to the psychoactive drug chart for common street names for these drugs.) LSD is the most potent psychedelic drug available and is measured in micrograms (millionths of a gram) rather than milligrams (thousandths of a gram) as are most drugs. The full range of therapeutic effects of LSD is not known, but earlier research indicated that it might be useful in general psychotherapy and specifically in the psychological treatment of alcoholism and terminally ill cancer patients. Psychedelic drugs are rarely used as therapeutic agents today. These drugs are used recreationally to intentionally alter perceptions and moods.

One of the most commonly reported effects is closed-eye imagery. The users perceive vivid patterned colors or fantastic images when they close their eyes. Synesthesia or sensory crossing is also common. For instance, the user may "see" a sound or "smell" a color.

In addition to the perceptual effects, these drugs in sufficient doses have profound psychological impact on the user. This may include a strong sense of well-being or of foreboding. Many users become less defensive and more introspective, examining their beliefs and life styles. Users frequently experience memories of significant times or events in their lives. Mystical and symbolic religious experiences are common with high doses (described in detail by S. Grof, M.D. in Realms of the Human Unconscious). Psychedelics often enhance the user's appreciation of art and music. Contrary to common belief, these drugs rarely produce true hallucinations, but illusions are common.

The depth of the psychological changes that can occur after ingesting a psychedelic drug can terrify some users and precipitate a "bad trip" or bad experience. For the user with predisposing factors such as an unstable personality, this might precipitate a psychotic break. Although bad trips are not uncommon, lasting psychological damage is.

Ingestion of a psychedelic drug results in increased heart rate, dilation of the pupils, and slightly increased blood pressure and body temperature. Some users experience upset stomach, muscle twitches, and increased perspiration.

Due to the ambiguity in the research related to psychedelic drugs, the possible long-term effects are not certain. The following are possible reactions resulting from the use of psychedelics:

1. Flashbacks - The spontaneous recurrence, or flashback, of a drug experience long after the initial effects have worn off. Flashbacks may occur but are less likely as more time elapses after the last usage.

2. Psychological Damage - There is the possibility of temporary or even permanent psychological damage such as psychosis. This is most likely to occur in individuals with predisposing personality traits.

3. Pregnancy Complications - The use of psychedelics by pregnant women increases the risk of spontaneous abortion.

4. Birth Defects - Early reports of chromosome damage in LSD users have been discredited.

LSD does not cause physical dependence and, even after long-term use, there are no withdrawal symptoms. Regular use of LSD does rapidly induce tolerance, in fact cross-tolerance can be built up so that it is not possible to experience the effects of less potent hallucinogens. Some regular users may become psychologically dependent upon psychedelics.

LSD is available legally only to medical researchers, and illegal possession constitutes a third degree felony. The degree of regulation of organic drugs varies widely.

PCP, or phencyclidine, is a difficult drug to classify accurately since, in humans, different doses produce different effects. Although technically PCP is a depressant, its effects may resemble those of a stimulant, an analgesic, or a psychedelic. Not all people react the same way to the drug even with similar doses. PCP is synthetically developed and usually originates in a clandestine laboratory. It appears as a white powder that may be sold in tablets or capsules or in powder form which can be sniffed, dissolved and injected, or sprinkled on a marijuana or tobacco cigarette and smoked. A particular concern with PCP is the risk that it may be given or sold to the user under another name (frequently THC or LSD). PCP was developed in the late 1950s as an anesthetic for humans. In testing the drug, scientists found that it had frightening side effects. When the anesthetic effect wore off, many patients would scream, hallucinate and become extremely violent. The drug was never marketed for human use. Today, it can be used legally only by veterinarians on large animals as an anesthetic.

The effects of PCP can last from 2-12 hours depending upon the strength of the dose. The way someone will react to a specified dose of PCP is unpredictable. At very low doses, PCP may produce a relatively pleasant experience; however, most first-time users report some unpleasant effects. Negative feelings leading to hostility may be exhibited, and violent outbursts are common. Feelings of anxiety, panic and fear also frequently occur. The drug may bring to the surface uncontrollable emotional problems and can lead to psychosis. People who have taken PCP often lose their ability to think in an orderly, logical way while under the drug's influence. This impaired thinking may result in accidents involving falls, fires, automobiles, etc. Illusions and hallucinations have also been reported with ingestion of large amounts of the drug. LSD, PCP, and other hallucinogens distort judgment and reality, cause confusion and panic, and can produce severe mental problems resulting in strange and violent behavior. Clearly, individuals under the influence of these kinds of drugs should not drive.

At present, little is known about the long-term effects of PCP use. However, since PCP produces effects similar to other psychedelics, it is possible that prolonged use results in similar hazards such as "flashbacks." Periods of prolonged depression, severe anxiety, and social withdrawal may also occur.

PCP does not cause physical dependence and, even after long-term use, there are no withdrawal symptoms. Chronic users do develop a tolerance. Chronic and daily use of PCP can lead to psychological dependence.

PCP is available legally only to medical researchers and veterinarians. Illegal possession constitutes a second degree felony.

INHALANTS

The inhalants include such chemicals as glue, lighter fluid, cleaning fluids, paint thinner, gasoline, and liquid paper. These chemicals, when inhaled, can cause gross illusions and hallucinations, reality distortion, poor perception of time and distance, and violent behavior. The deliriants can cause heart arrhythmia, permanent brain damage, and death. Overdose effects are longer, more intense "trip" episodes, often resulting in psychosis and possible death. The danger of inhalants is their unpredictability. For example, one sniff may result in slight euphoria and the very next sniff may induce hallucinations or permanent brain damage.

Aerosols and Solvents.

Some inhalants are chemicals produced from petroleum and natural gas. These substances are synthetic compounds that are found in commercial solvents, aerosol propellants, and anesthetics. The fumes from these volatile liquids can be inhaled for mood-altering effects.

Inhalants are not generally used for medical purposes, with the exception of some anesthetics. Rather, these are products that are commonly used in industry and household maintenance. Common types of abused inhalants include glue, aerosol propellants in spray cans, gasoline, lighter fluid, spot removers, and nail polish removers. When used recreationally, the inhaled vapors slow down many body functions and distort perceptions. The majority of users range in age from 8 to 16. The younger drug-abusing population abuses inhalants because of their wide availability. Adult drug abusers rarely abuse inhalants because of the short-lived pleasurable effects and because the long-term effects are extremely damaging. These substances are commonly abused by pouring a liquid onto a rag or into a plastic bag and then inhaling the fumes.

The immediate effects of inhalants fade after several minutes. The abuser may experience any of the following effects: euphoria, exhilaration, light-headedness, confusion, poor concentration, stupor, delirium, double vision, unconsciousness, forgetfulness, and lack of coordination. Mild hallucinations may also occur. A second stage usually follows when the user feels drowsy, stuporous or, in some cases, becomes unconscious. Solvents and aerosols are central nervous system depressants which slow the heart and breathing rate and impair judgment and muscle coordination. Other physiological effects may include headaches, nausea, loss of appetite and lack of coordination.

Death as a result of the use of volatile substances has been widely reported. Some abusers have passed out with a glue-filled bag over the face and have suffocated. Other deaths have been caused by convulsions, or by the lungs suddenly filling up with fluid. "Sudden sniffing death" occurs when these substances cause the heart to react abnormally, resulting in death.

Long-term effects include damage to vital organs. Continuous inhalation may produce irritation of the mucus membranes, skin, and respiratory tract. There may be inflammation and permanent injury to the kidneys, damage to the liver and the gastrointestinal tract. Heart action is often affected and permanent damage to the heart may occur. Changes in form, shape, and color of blood cells may occur. There may be permanent damage to the brain and the entire central nervous system.

According to some sources, chronic users may develop a physical dependence on inhalants. Withdrawal symptoms include chills, hallucinations, headaches, abdominal pains, muscular cramps, and delirium tremens. Regular use will induce tolerance. After one year, a glue sniffer may be using many tubes to get the same "high" originally obtained with a single tube. Chronic users may also develop a psychological dependence.

The use of aerosols and solvents are not subject to any specific legal restrictions.

Amyl and Butyl Nitrites. These two chemicals are slightly different in chemical make-up but have a very similar effect on the body. A yellowish clear liquid, the nitrites have surfaced as "under-the-counter" drugs and have gained popularity among young teenagers and male homosexuals. Both drugs cause a dilation of the blood vessels near the brain, decreasing blood flow to the inner brain. The blood pressure is lowered, and less oxygen gets to the brain causing a light headedness, or dizziness in the user. Amyl nitrite was used as an over-the-counter medication for angina, heart spasms, and asthma, but because it was so easily obtained and abused, it became available only by prescription in 1969. Since then butyl nitrite has taken its place, and instead of marketing it as a drug, it has been marketed as a room deodorizer to avoid legal restrictions.

Currently, butyl nitrite is sold in record stores, head shops, movie arcades, bars, and discos in inhalant and ampule form. It goes by names such as "Locker Room," "Rush," and "Poppers." The scent of the drug is similar to rotten apples or used sweat socks.

When inhaled, the nitrites cause dizziness and lightheadedness for up to two minutes. Because the high is so short, it is often used frequently within a short period of time. Some users place the liquid on their clothes or in a handkerchief for easy access. It is not uncommon for users to pass out after inhaling butyl nitrite, but they regain consciousness quickly. Some of the side effects of using nitrites are nausea, vomiting, headaches, and eye pain.

It is not clear exactly what the nitrites do after prolonged use. Amyl nitrite has been tested more thoroughly and there is evidence that continued use may cause liver and kidney damage. This drug presents a special risk for people with recent head injuries or high blood pressure, and for pregnant women.

There are some studies which indicate that amyl and butyl nitrites can be altered in the body into a cancer causing agent. This could have very serious long-term consequences to users.

The nitrites do cause a tolerance to develop but after discontinuing use, the tolerance level returns to normal. Psychological dependence on this drug can develop.

Because amyl nitrite is a prescription drug, possession without a prescription is against the law and punishable by fine or probation. Butyl nitrite, however, is a legal drug, and to this date there are no legal restrictions on its use.

CANNABIS

Probably the second most popular drug being used today is in the category of cannabinoids. This drug, marijuana, is derived from the cannabis plant and contains THC (tetrahydrocannabinol), the most active chemical in cannabis. This is also the most active agent in hashish, although it is more concentrated in the latter substance, making hashish more potent than marijuana. In low to moderate doses, THC has mild sedative-hypnotic and anti-anxiety effects. In larger doses, THC is capable of producing mild psychedelic effects such as sensory distortion and hallucinations. Although marijuana is widely used, its only legitimate use is as an experimental drug.

Symptoms of use are many and varied but usually include euphoria, excitability, inappropriate laughter, a distorted sense of time, hoarseness or a hacking cough, sore throat, red eyes (wears sunglasses or carries Visine or Murine), excessive thirst, dry mouth, appetite change (the "munchies"), unkempt appearance (especially if the youngster is usually neat), promiscuousness or loss of interest in the opposite sex, apathy, paranoia or touchiness, excessive excuse-making or blaming, emotional irritability, staring into space or at objects for an unusual length of time, increased breast tissue in young males, apathy, dropping out of extra-curricular activities, and a phenomenon called "Amotivational Syndrome." This syndrome is a generalized apathy toward and an inability to perform certain tasks involving short- and long-term memory, abstraction, association, concentration, and alertness. Math is especially difficult for the marijuana user.

Unlike alcohol, which is water soluble and will be flushed from the body usually within 48 to 72 hours, THC is fat soluble and is attracted to and retained in the fat cells of the body. Young bodies have high concentrations of fatty tissue in the brain, the reproductive system, and in certain glandular structures. THC does not leave the body for four to six weeks following intake. In other words, after the "high" is gone, the pot is still there.

Acute effects of cannabis use include increased heart rate, photo-phobia (light sensitivity) or bloodshot eyes, dry mucous membranes, visual distortion, and water diuresis. A marijuana hangover can produce depression, a fine tremor, and dysphoria. In some cases, instead of euphoria, the drug will produce acute anxiety, paranoia, and panic reaction. Long-term effects of cannabis use may include heart and respiratory disease, lung damage, cancer, asthma, brain damage, permanent memory loss, impotence, lowered testosterone and estrogen levels, and reproductive abnormalities.

THC has been found to disturb visual perception as well as the sense of time. Because of this impairment in information processing, braking and acceleration in traffic and sustained attention are severely impaired (Moscowitz, 1976). In addition, there is an increased latency in response to light signals and in the ability to make decisions in non-emergency situations. Clearly, marijuana alone makes driving hazardous. Research clearly indicates that normal levels of driving performance are not regained for at least four to six hours after smoking a single marijuana cigarette. Drinking alcohol in combination with smoking marijuana greatly increases the risk of accidents.

Reports from several countries describe behaviors of chronic cannabis users which have been labeled "amotivational syndrome." The characteristics of this syndrome include apathy, reduced drive and ambition, impaired ability to carry out complex tasks, failure to pursue long-term plans, reduced tolerance to frustration, diminished communication skills, neglect of personal appearance, and sluggish mental responses. The symptoms, which clear several weeks after termination of cannabis use, are the same as those found with chronic intoxication with a number of psychoactive drugs, particularly the depressants. Therefore, a more appropriate name for this group of symptoms in cannabis users may be "chronic cannabis intoxication." It is difficult to specify that cannabis use is producing the alteration in motivation and these studies are generally considered to be inconclusive.

In addition to the effects already mentioned, marijuana has been linked to various health problems by a number of studies. Some of these studies are more controversial than others and we will give some indication as to the consensus of scientific opinion.

Evidence linking smoking to various throat and bronchial irritations and to lung cancer is widely accepted. Tar is the chief irritant in smoke and marijuana smoke has 50% more tar than tobacco smoke. This, in addition to the lack of filter and methods of smoking, means that one joint is roughly equivalent to ten tobacco cigarettes in terms of tar's effects. Therefore, frequent marijuana smoking over an extended period of time increases health risks. These risks are much greater when marijuana smoking is combined with cigarette smoking.

Individuals with pre-existing heart disease clearly increase the risk of aggravating their conditions. No long-term effects have been detected in the cardiovascular systems of marijuana users without pre-existing heart problems.

Although evidence in humans is still inconclusive, it does suggest that chronic cannabis consumption can interfere with the immune system. This would lower the user's resistance to some diseases.

Studies of the effects of marijuana use on the endocrine system are still inconclusive. However, it seems likely that cannabis use may affect the body's production of several hormones.

In the male user, testosterone levels and sperm counts may be temporarily lowered. This could have an effect on physical development of adolescent males who are heavy users. One report indicated that marijuana use may affect the menstrual cycles of females. The actual effects on fertility, however, in males and females is unclear and it should be emphasized to students that marijuana cannot be considered to be an effective contraceptive.

Use of any drug during pregnancy creates a risk for the unborn fetus. When marijuana is used by a pregnant female, a portion of the THC passes through the placenta and has an effect on the developing fetus. Another portion of the total THC injested is stored in the placenta and released gradually to the fetus. Scientists suspect that heavy use could result in decreased birth weight and increased risk of miscarriage.

Studies to date have not confirmed a relationship between cannabis use and genetic damage or non-genetic birth defects. However, research continues on the effects of cannabis on chromosones, genes, and birth defects. Only time will be able to provide the answers.

The evidence regarding the effects of long-term marijuana use on brain tissue is inconclusive. Several animal studies have reported changes in brain cells of animals who had been exposed to marijuana. Some of this research has been criticized by the National Academy of Sciences and other groups on technical grounds. The final word on this issue will apparently await studies on brains from long-term users.

We know that THC is stored in fat cells throughout the body and then gradually released into the system. The THC from one joint takes two to four weeks to clear completely from the body and it may take months following long-term, heavy use. The total effects of these residual levels of THC on the system are unknown.

Cannabis generally produces short-term effects, as described, in the user. These effects, especially if they are sought in order to escape problems, can produce a psychological dependence in the user. As with other drugs, several interpersonal factors may affect the user's susceptibility to dependence. With repeated use, the unusual effects of marijuana become less pronounced and eventually fade entirely. Smokers may then increase their frequency of use or search for stronger marijuana; however, these strategies will be unsuccessful. The sought-after, psychoactive effects will not return until the smoker takes a break from the drug.

Recent evidence suggests that, in addition to psychological dependence, a physical dependence can develop in people that use cannabis frequently and heavily enough to sustain THC blood levels for a long period of time. However, withdrawal does not produce an intense syndrome as one might find with alcohol, narcotics or nicotine.

THC and marijuana are available legally only to medical researchers. Hashish is not available legally. Illegal use or possession of these substances carries varying penalties depending upon the amount and state. For instance, in Florida over 20 grams of marijuana is a third degree felony, under 20 grams is a first degree misdemeanor.

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Narcotics (Analgesics)	Heroin	H, Horse, Jink Smack, Scag	Injected or Sniffed	Pain Relief	Drowsiness, Respiratory Depression, Constricted Pupils, Nausea	Euphoria
	Morphine	White Stuff, M	Swallowed or Injected	Pain Relief		
	Codeine	Schoolboy	Swallowed	Ease Pain and Coughing		
	Methadone	Holly	Swallowed or Injected	Pain Relief	May Produce Physical and Mental Dependence	
Depressants	Barbiturates	Barbs, Blues, Devils, Candy, Yellow Jackets, Phennies	Swallowed or Injected	Anesthetic, Anti-convulsant, Sedative	Slurred Speech, Disorientation, Drunken Behavior	Euphoria, Anxiety Reduction, Relaxation
	Alcohol	Booze, Juice	Swallowed	None		
	Methaqualone	Meth, Ludes, Quaaludes, Soapers	Swallowed	Sleeping Aid	May Produce Physical and Mental Dependence with Severe Withdrawal Symptoms	

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Stimulants	Cocaine	Coke, Flake, Snow	Sniffed, Injected, Swallowed	Local Anesthetic	Increased Pulse Rate, Blood Pressure, Insomnia, Loss of Appetite	Increased Alertness, Excitation, Euphoria
	Amphetamines	Bennies, Dexies, Speed, Pep Pills	Swallowed or Injected	Relieve Mild Depression, Control Appetite and Narcolepsy	May Produce Mental Dependency. Long-Term Use May Yield Delusions and Psychosis.	
	Nicotine	Cigarettes, Snuff, Tobacco Products	Sniffed, Swallowed, Smoked	None	Shortness of Breath, Poor Circulation, Yellow Teeth, Bad Breath; Long Term Effects: Lung Cancer, Heart Disease, Mouth Cancer, Throat Cancer	Nervous, Jittery
	Caffeine	Tea, Coffee, Chocolate, Cola	Swallowed	Over-the-Counter Medications (Cough Remedies, Diet Products)	Increased Heart Beat, Insomnia	Potential for Dependence, Personality Differences

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Hallucinogens	LSD	Acid, Sugar, Lucy	Swallowed	None	Rise in Temperature and Heartbeat	Insightful Experiences, Exhilaration, Distortion of Senses
	Mescaline	Mesc	Swallowed	None		
	Psilocybin	Mushrooms	Swallowed	None		
	PCP (Phencyclidine)	PCP, Angel Dust, Hog	Swallowed, Smoked, Sniffed	Animal Tranquilizer		
Inhalants	Airplane Glue		Sniffed or Inhaled	None	Possible Damage to CNS, Liver, Kidneys with Prolonged Use	Euphoria
	Aerosol		Sniffed or Inhaled	None		
	Gasoline		Sniffed or Inhaled	None		
	Spray Paints		Sniffed or Inhaled	None		

DRUG REVIEW CHART

DRUG CLASSIFICATION OR CATEGORY	DRUG	SLANG NAME(S)	HOW TAKEN	MEDICAL USES (IF ANY)	EFFECTS	
					PHYSICAL	PSYCHOLOGICAL
Cannabis	Marijuana	Pot, Grass, Reefer	Smoked, Swallowed	Under Investigation	Increased Heart Rate, Reddening of Eyes	Euphoria
					May Produce Mental Dependency.	

DRUGS AND DRIVING

DRUG	HOW OBTAINED	PRESCRIBED FOR	DIRECT EFFECT	POSSIBLE SIDE EFFECTS	EFFECT WHEN COMBINED WITH ALCOHOL	DRIVING RECOMMENDATIONS
CANNABIS (Marijuana)	Illegally	Limited use in treating glaucoma patients and to relieve nausea in cancer patients	Affects mood and thinking, mild sedation	Disturbs visual perception, distorts sense of distance and time, impairs attention, distorts perception, slows reflexes, increases heartbeat, suppresses immune system, lowers testosterone level in males, bronchitis from prolonged smoking, panic, fear, paranoia	Potentiation of sedative effect	Drivers should not use alone or combined with alcohol
AMPHETAMINES & COCAINE (Benzedrine, Dexedrine, Desoxyn, Preludin, etc.)	Prescription only. Cocaine obtained illegally.	Narcolepsy (sleep disorder), hyperkinesis in children, temporary weight loss. (Amphetamines only)	May range from elevate mood, induce euphoria, increase alertness, reduce fatigue to produce irritability, anxiety, pattern of psychotic behavior	Restlessness, tremor, anxiety, insomnia, dizziness, irritability and tenseness, exhaustion, increase in blood pressure, sweating, dry mouth, nausea, vomiting	Person feels subjectively "less drunk" but is still impaired by alcohol. May lead to lack of judgment.	Drivers should not use especially when combined with alcohol
NARCOTIC ANALGESICS (opium, morphine, codeine, Darvon, Demerol, etc.)	Prescription only	Relief of pain, treatment of diarrhea, relief of coughs	Analgesia, drowsiness, changes in mood, mental clouding	Sedation, respiratory depression, nausea, vomiting, constipation	Potentiation of sedative effect	Drivers should not use alone or combined with alcohol
ANTIHISTAMINES (e.g., Benadryl, Dramamine etc.)	Prescription and over the counter	Colds, motion sickness, control of allergies, congestion, insomnia	Sedation	Drowsiness, confusion, dizziness, inattention	Additive effect equal to sedating properties of each	Drivers should not use
ANESTHETICS	Prescribed for surgery	Surgery	Sedation, relief from anxiety, disinhibition followed by sleep	Hypoxia (decreased oxygen to body), respiratory depression	Additive effect equal to sedating properties of each	No driving if drowsiness persists. No driving when mixed with alcohol.

MAJOR TRANQUILIZERS (Neuroleptics) e.g., Thorazine, Mellaril, Haldol, Compazine, Reserpine	Prescription only	Relief of psychotic state	Psychomotor slowing, emotional quieting, indifference to external stimuli	Tremors, muscle rigidity, walking disorders, involuntary movements, increased heart rate, dry mouth, blurred vision, constipation, altered pigmentation of the skin, impaired vision, hormone changes, allergic reactions, possible liver dysfunction	Additive effect equal to sedating properties of each	Drivers should not use when combined with alcohol. Acute administration also impairs driving skills so patients should use these drugs regularly if driving during treatment is necessary. In any case, a person using neuroleptics is not at the peak of his/her capabilities, thus extreme caution should be observed if driving is required.
MINOR TRANQUILIZERS (Antianxiety agents) e.g., Valium, Librium, Equanil, Miltown, Serax, Dalmane	Prescription only	Relief from anxiety, tension and insomnia. Occasionally used as muscle relaxant.	Disinhibition, euphoria, relief from anxiety, sedation	Drowsiness, decreases in blood pressure and heart rate. Excessive use may cause disorientation, confusion and rage	Potentiation of the sedative effects of each.	Drivers should not use either alone or combined with alcohol.
SEDATIVE-HYPNOTICS (e.g., Seconal, Nembutal, Tuinal, Equinal, Miltown, Amytal, Doriden, Luminal, Quaalude, Parest, Sopors	Prescription only	Induction of sleep, daytime sedation, treatment of epileptic seizures, induction of anesthesia, treatment of anxiety and neuroses	Behavioral depression ranging from mild sedation through anesthesia, to coma and death depending upon agent and dose	Respiratory depression, impaired performance and judgment, drowsiness, decreases in heart rate and blood pressure	Potentiation of the sedative effects of each	Drivers should not use alone or combined with alcohol. Effects may still be apparent over 12 hours after their ingestion.
ANTIDEPRESSANTS (e.g., Tofranil, Elavil, Sinnequan, Parnate, etc.)	Prescription only	Medical treatment of depression	Relieve depression and elevate mood in depressed individuals	Sedation with some agents, MAO inhibitors may cause drastic increase in blood pressure, chest pain, and severe headaches when combined with alcohol and certain types of food	Additive effect especially with the more sedating agents. MAO inhibitors plus alcohol produces an exacerbation of side effects.	Drivers should not use when combined with alcohol. Driving with caution is advised with antidepressants alone, unless patient experiences sedation.

HALLUCINOGENS (e.g., LSD, DMT, peyote, mescaline, MDA, psilocybin	Illegally, except limited use in research	Experimental use only		Disturbances in cognition and perception, separates the individual from reality. Increase in body temperature, dilation of pupils, increases heart rate and blood pressure, alterations in mood and emotion, visual and tactile distortions or hallucinations	Distorts sense of distance and time, nausea, vomiting, headaches, confusion, difficulty in thinking, floating sensation, panic		Drivers should not use alone or combined with alcohol.

ALCOHOL

Alcohol, a mind-altering drug that works as a sedative, changes the way a person thinks and acts. It affects judgment and coordination and is a factor in 50% of America's highway deaths. In 1981, more than 25,000 Americans died in accidents caused by drunk drivers.

It is well known that alcohol increases the sedative effects of tranquilizers and barbiturates (sleeping pills). Mixing these drugs, on or off the road, is extremely hazardous. Because alcohol impacts so many individuals in today's society, the effects of alcohol will be investigated further in the following sections.

ALCOHOLIC BEVERAGES

(From Decisions About Alcohol and Other Drugs, 1982, The Nebraska Prevention Center for Alcohol and Drug Abuse.)

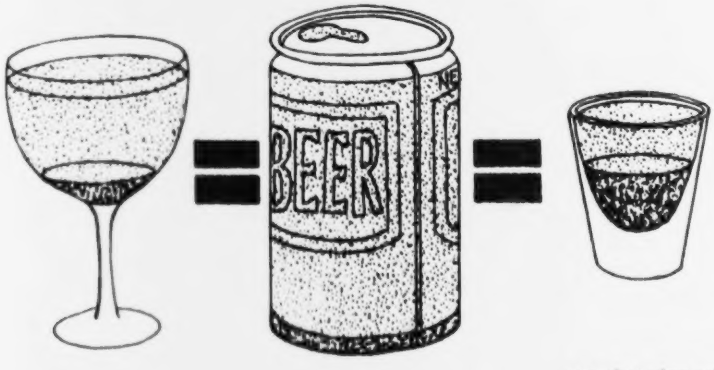
What's in a Drink?

What do we really mean when we say one "drink" of alcohol? Nobody drinks just alcohol. People drink beer, wine, whiskey, vodka, champagne, and so on. All these drinks are only partly alcohol. The rest is water, plus some flavors and minerals.

For example, beer is 4-6% alcohol. Wine has more alcohol in it than beer. Most wines have between 12% and 20% alcohol in them. They also have some minerals and fruit juice, but mostly they are water.

Of all drinks, hard liquor or spirits (such as whiskey, gin, vodka, bourbon, rum, and brandy) have the most alcohol. Usually, they are nearly 50% alcohol.

Let's take a glass of wine, a can of beer, and a shot glass of hard liquor. If we did an experiment so that all the alcohol in these three types of drinks sank to the bottom, the drinks would look like this:



one glass of wine (5 ounces) has ½ ounce of actual alcohol

one can of beer (12 ounces) has ½ ounce of actual alcohol

one shot glass with 1½ ounces of hard liquor has ½ ounce of actual alcohol

People who drink one glass of wine, one can of beer, or one shot of hard liquor, are all having about the same amount of alcohol. Many people think that someone who has a drink of hard liquor is taking a "stronger" drink--one with more alcohol in it--than a person who drinks a can of beer or a glass of wine. This isn't true.

However, many people put more than one shot of hard liquor in their glass. Often they make mixed drinks (hard liquor mixed with juice or soda) which have two or three shots of hard liquor in them. As a result, many mixed drinks have two or three times as much alcohol as a can of beer or glass of wine. Martinis and Manhattans ("cocktails"), for example, are made by adding hard liquor to wine. As a result, they usually have two or three times as much alcohol as a glass of wine or can of beer. The amount of alcohol in a mixed drink depends on how much hard liquor it was made with.

Types of Alcoholic Beverages

(From *The Mississippi Alcohol Safety Education Program -- Youth Education Project*, 1985, The Mississippi Alcohol Safety Education Program and the Governor's Office of Highway Safety Program, Jackson, Mississippi. Hereafter cited as *MASEP-YEP*.)

1. The common property in beer, wine, whiskey, and brandy that produces the effects is ethyl alcohol or ethanol.

2. All these beverages go through a process of fermentation. The difference in them results from the type of substance fermented and the process used in fermentation.

3. One must be aware of the type of beverage they are drinking. Wine, beer, and distilled liquors contain varying amounts of alcohol.

4. One must also be aware that specific types of beverages contain different amounts of alcohol. For example, wine may range from approximately 10 to 23% alcohol depending upon whether or not it is naturally fermented or fortified with alcohol; beer may range from around 3 to 8%; and distilled liquor may range from approximately 40 to 80% or more alcohol. Thus, labels need to be read in order to know how much alcohol one is consuming.

5. Distillation produces higher alcohol concentrations, but if done outside of strict controls, it may also produce lethal substances either as a result of unintentional problems (e.g., poisonous alcohol developed in processing) or intentional (e.g., using lye, lime, dead animals, etc., to speed up fermentation; using lead coil or radiators in processing).

6. Proof is given as a measure of alcohol content on distilled liquors. Proof is a measure which is twice the alcohol content (e.g., 100 proof equals 50%).

Wine is made from fruit. Most often the fruit is fresh, ripe grapes. The color of wine depends upon the type of grapes used and the method of using these grapes. Red wine is made from the entire crushed grape; white wine is made only from the juice of the grape (or it may also be made from whole white grapes); and pink or rose wine is produced when the juice is fermented with red grape skins for only a few hours.

When produced only by natural fermentation, wine has an alcoholic content of about 10 to 14% by volume. Fermentation is stopped early in sweet wines thereby leaving from 2 to 15% sugar and less alcohol content than is in dry wines which ferment longer and contain only a trace of sugar.

In order to increase the alcoholic content, some wines are fortified with additional alcohol. Sherry and port are fortified wines which may have an alcoholic content up to 23%.

Brandy or cognac is distilled wine which may contain up to 50% alcohol.

Some wines contain carbon dioxide and are called sparkling wines. Champagne is a common sparkling wine. Although carbonated wines may not be higher in alcoholic content than natural wines, they pass more quickly into the small intestine than noncarbonated wines which causes more rapid absorption, effects, and intoxication.

Cider made from apples usually has an alcoholic content from 8 to 10%. Hard cider usually has an alcohol content of around 14%.

Beer is consumed more often than any other alcoholic beverage by Americans. Beer is the generic name for all beverages from brewed malt and other starchy cereals (e.g., barley, corn, rye, rice, etc.). Hops are added to beer to give it its bitter taste. Some carbon dioxide gas is formed in the brewing process which gives beer its bubbles. Often beer is pasteurized to keep it from spoiling while in storage.

The percentage of alcohol in beer may vary from 3 to 8%. On the average, the majority of American beer contains approximately 5% alcohol. Stout is the darkest, heaviest, and strongest of the beers which may have an alcoholic content as high as 8%. There are many names and terms associated with beer, many of which are associated with different brewing processes, recipes, and regions of the country. Some terms associated with beer are:

1. Lager beer (pronounced logger)--sometimes called Pilsener or Dortmund--is the principal American type. It is a light bodied beer characterized by a pale, golden color and slight bitter taste. The term lager comes from the German word for storage because it is stored for some period of time. Though it may have an alcoholic content greater than 6%, most lager beer is from 3 to 5% alcohol by volume.

2. Bock beer--a type of lager beer which is sweeter and darker than regular lager beer. It is usually brewed in the winter for consumption in the spring.

3. Dark beer--also called Munchener or Bavarian--is brown, sweet-bitter and has a burnt-malt taste. It is usually sold on draught and is usually 3 to 5% in alcoholic content.

4. Ale, porter, and stout--popular in Great Britain. Ale is usually darker and sharper in taste than lager beer with an alcoholic content of about 6 to 8%. Stout is the darkest, heaviest, and strongest of all beers.

5. Draught beer--not pasteurized and lower in carbonation than most can or bottle beer. Sold on tap.

6. Malt liquor--beer under a different name as a means of providing a higher alcohol content. Some malt liquors are almost double in the alcoholic content of light beer.

7. Light beer--a popular term for American beer with a reduced caloric content and, in some instances, a lower alcoholic content when compared to a company's regular beer.

8. Samshu--wheat beer of China.

9. Sake--rice beer of Japan.

10. Suk--rice beer of Korea.

Distilled Liquors. Historically, men have realized that alcohol was the substance in their beverages which produced the pleasant, yet intoxicating, effects in their bodies. Consequently, they began early to find methods to extract only the alcohol from the vat of a fermented mash liquid. By trial and error, they discovered that ethyl alcohol has an important characteristic; it boils at a lower temperature than water (173 degrees Farenheit as compared to 212 degrees Farenheit). From the knowledge, the process of distillation was devised; or, in other words, man learned how use "stills."

In modern distilleries, the fermented substance is distilled at a carefully controlled temperature. The resultant distillate or ethyl alcohol is redistilled for additional purification. This care taken to produce and purify commercial whiskey contrasts with the haphazard production of potentially dangerous moonshine. Also, there are many types of alcohol that boil at a higher temperature than ethyl alcohol. These alcohols are poisonous. Therefore, when "still" operators pay little or no attention to boiling temperatures, the chance of producing toxic or lethal moonshine is increased. Some operators will even contribute to the existing impurities in the mash by adding substances like lye, lime, or dead animals to the vat in order to speed up the fermentation process.

Another danger in the production of moonshine involves the still operator's use of lead rather than copper pipe as a condensing coil. Consequently, many deaths have been caused by lead poisoning.

In addition to the above, all raw whiskey contains a substance called fusel oil, which is poisonous if taken in concentrated form. In a large distillery where great amounts of ethyl alcohol are distilled, there is little likelihood of getting high concentrations of fusel oil; whereas, from the smaller stills, this likelihood increases.

Distilled fluid is called "raw whiskey" and contains between 60 and 80% (120 to 160 proof) alcohol by volume. For human consumption, this raw whiskey is then diluted with water to approximately 50% alcohol by volume.

After distillation, raw whiskey is aged by storage from two to eight years in white oak barrels with charred interiors. From the charred wood certain substances are dissolved, part of which give an amber color to the whiskey. In addition, traces of organic acid combine with the alcohol to form esters which improve the flavor of the raw whiskey. This "flavoring" is also enhanced by the sedimentation of any impurities that may have accompanied the ethyl alcohol during distillation.

Types of Distilled Spirits. A whiskey is given its name by the chief type of grain used in fermentation. For example, bourbon is 51% corn; rye is 51% rye plus corn or malt; corn whiskey is 80% corn plus malt. Scotch is made through a process that uses only barley malt, which has been roasted over a peat file. Brandy, also called cognac, is made by the efficient distillation of wine. Rum is made from molasses. Gin is acquired by mixing neutral spirits, water, and flavoring agents (botanicals) and then straining or distilling this mixture. Liqueurs and cordials are a mixture of ethanol or brandy with flavoring and sugar. The one factor that distinguishes cordials is their sugar content. U.S. regulations require cordials to contain more than 2.5% sugar.

Distilled liquors purchased in stores generally contain from 40 to 50% alcohol by volume; some are higher. Thus, one should always examine the information provided on the bottle to ascertain the alcoholic content. Moreover, the alcoholic content on distilled liquor containers is expressed in terms of proof.

ALCOHOL IN THE BODY

(From MASEP-YEP.)

Unlike most foods, alcohol requires no digestion before being absorbed into the bloodstream and transported to other parts of the body. It also is interesting to note that the alcohol molecule is extremely small and has an extremely simple chemical structure. This means that once alcohol is in the blood, it can travel anywhere in the body, even through the smallest blood capillaries. Furthermore, alcohol placed anywhere in the body will be absorbed into the blood like a sponge absorbing water or an ink blotter taking up ink.

One might have noticed that upon taking a drink he or she acquire a warm body feeling. This warm feeling is attributed to the alcohol that has reached the blood vessels beneath the surface of the skin and has caused dilation and slight irritation to the vessels. It must be noted, however, that contrary to to popular opinion, alcohol does not raise the body temperature, and except for a false feeling of warmth, alcohol does nothing for a person on a cold day.

Stomach and Intestines

Since most alcohol is consumed through the mouth, this will be where we trace the path of alcohol in its trek through the body.

Upon being swallowed, alcohol travels directly to the stomach causing a slight irritation to the throat passage. Upon hitting the stomach, it produces a temporary rise in hydrochloric acids in the stomach juices. If the stomach is empty, this acid works directly on the stomach lining, which, over an extended period of time, may cause the stomach to become ulcerated. If, however, the stomach contains food, the effect of these acids upon the stomach walls is lessened, and the alcohol's rate of absorption is slowed by one-third. Alcohol is primarily taken into the blood by the millions of microscopic capillaries lining the small intestines (which have no inner walls) where it is immediately absorbed. In quantities sufficient to produce drunkenness, alcohol virtually stops digestion. The rate of food absorption is diminished, and the passage of any food to the small intestines is delayed.

Liver

From the stomach and small intestines, most of the alcohol consumed is transported through the portal vein to the liver, which serves as a "filter" in purifying the blood for use in other parts of the body. While in the liver, approximately one-third of an ounce of pure alcohol is oxidized or burned off per hour. Although this amount may vary from person to person, it is constant for each individual.

> Note: The average rate at which the liver oxidizes alcohol is two-thirds of a drink (i.e., one ounce of 100 proof whiskey, 12 ounces of beer, or four ounces of wine per hour) or, to put it another way, your body eliminates .015% of alcohol an hour. This means your blood alcohol concentration is lowered at the rate of .015% per hour.

Variation in rates of oxidation or elimination of alcohol can be attributed to the quantity of activity of a chemical substance in the liver called alcohol dehydrogenase.

Approximately 90% of consumed alcohol is eliminated by oxidation in the liver. However, as previously stated, the rate of elimination is slow and constant. Nothing can significantly increase the speed of the process. Exercise will not eliminate the alcohol; hot coffee will not have an effect; cold showers will not increase this rate. These efforts only bring about "a more wide awake drunk."

However, a large person's liver generally will burn alcohol at a faster rate than a smaller person's liver. For example, the liver of a 300 pound person weighs double that of a 150 pound individual. Consequently, assuming that both people have healthy livers, the heavier, larger person will oxidize in the same period of time twice as much alcohol as the lighter person.

To continue with the trek of alcohol through the body, the alcohol that is not initially oxidized continues to mix in the liver with other blood that will eventually go to the right side of the heart to join the blood returning from the remaining parts of the body. The resulting mixture of blood and alcohol then continues to recirculate through the body until all the alcohol is burned off by the liver and/or is excreted.

The stomach and small intestines can absorb more alcohol than the liver can process. If a person drinks too much, a "biological race" is begun between absorption and oxidation. Thus, when more alcohol is being consumed than is being oxidized or burned off, the person eventually becomes intoxicated. But, if the quantity of alcohol consumed and later absorbed is no greater than that which is oxidized, the person will not encounter any physical intoxication. This phenomenon might be likened to the difference between results obtained by feeding gas slowly to a cold automobile engine and flooding the carburator with more fuel than it can use at one time.

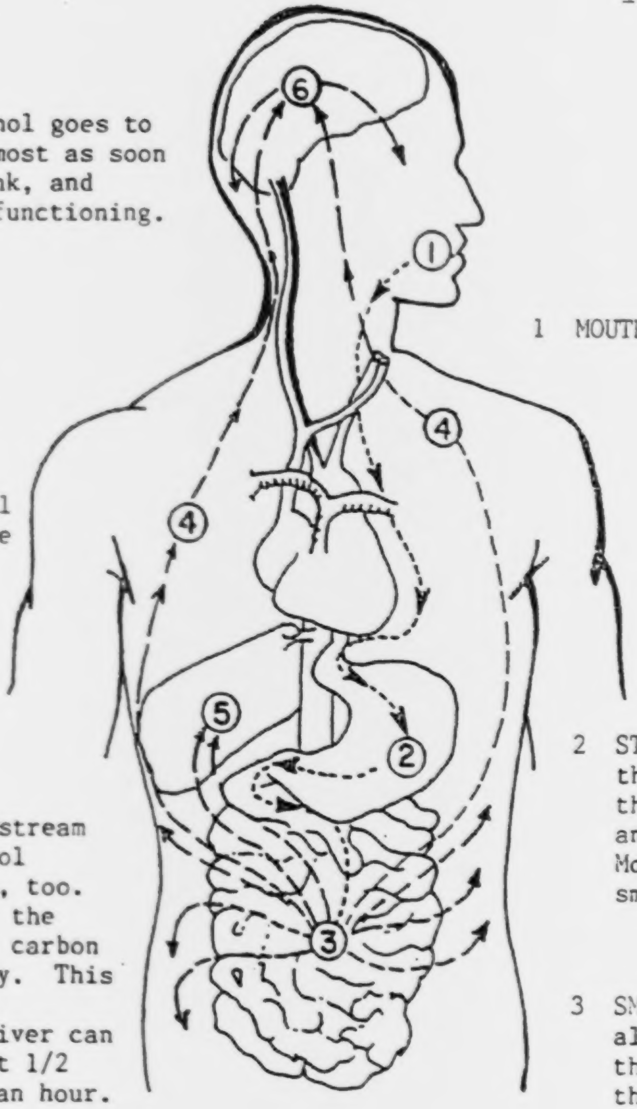
Brain

Related to absorption is the concentration of alcohol, which in each part of the body is approximately proportionate to the water content of that part. This is because alcohol is readily soluble in water. Therefore, the parts of the body containing higher concentrations of water will contain greater concentrations of alcohol. Primary among these parts are the liver and the brain.

In the brain, large quantities of alcohol can paralyze the central nervous system and diminish the efficiency of various parts of the body. Since muscular movement (voluntary and involuntary) is dependent upon electrical nerve impulses from the brain, any dulling or blocking of these impulses inhibits and affects muscular functioning, body coordination, and mental judgment. It should be noted that this paralysis is temporary and is associated with "blacking-out."

Brain or nerve cells as well as any other body cells are not seriously damaged or changed in the short run by the direct action of alcohol. Structural or physical changes in the nervous system, as often found in chronic alcoholics are the result of various factors accompanying sustained heavy drinking, such as nutritional deficiencies and repeated head injuries, as well as the alcohol itself.

THE PATH OF ALCOHOL IN THE BODY



6 BRAIN. Alcohol goes to the brain almost as soon as it is drunk, and affects its functioning.

1 MOUTH. Alcohol is drunk.

4 BLOODSTREAM. The bloodstream then carries the alcohol to all parts of the body.

2 STOMACH. A little of the alcohol goes through the wall of the stomach and into the bloodstream. Most goes down to the small intestine.

5 LIVER. The bloodstream carries the alcohol through the liver, too. The liver changes the alcohol to water, carbon dioxide and energy. This process is called oxidation. The liver can oxidize only about 1/2 ounce of alcohol an hour.

3 SMALL INTESTINE. The alcohol then goes through the walls of the intestine and into the bloodstream.

When someone has a drink, the alcohol goes to the brain and continues to pass through the brain. How a drinker feels as the alcohol keeps passing through the brain depends partly on how many drinks he or she takes.

BLOOD ALCOHOL CONCENTRATION

Blood alcohol concentration (BAC) is the amount of alcohol in the blood at any given time. BAC is expressed in terms of percent of ethyl alcohol by weight in the blood compared with the total supply of blood in the body. For example, a BAC of 1% would equal one unit of alcohol for every 100 units of blood.* However, a human would be dead with a 1% BAC. Therefore, to stay within the range of human tolerance, BAC is expressed as a percentage of 1%. For example, a BAC of .15 is 15 one-hundredths of 1% of alcohol in the blood supply.

*NOTE: In Mississippi's Implied Consent Law, BAC is measured by weight volume of alcohol in the person's blood based upon milligrams of alcohol per 100 cubic centimeters of blood as shown by a chemical analysis of such person's breath, blood, or urine.

The more alcohol in the blood, or the higher the BAC, the more affected is the individual. Research has shown that predictable kinds of effects occur at specific BAC's. As can be seen in the chart, the first sizable changes in mood and behavior occur at an approximate BAC of .05. At a BAC of .10, serious impairment is evident and at .15 the impairment is more pronounced. Between levels of .40 and .50 most drinkers are passed out or comatose. Somewhere between a BAC of .50 and .60 death is likely.

Pertaining to impaired driving, the majority of states currently define the legal limit as a BAC of .10. Several states, however, have lower BAC levels (.07-.08) as a measure of impaired driving. In many states, including Mississippi, a person may be convicted of DUI at a level below .10 on the basis of conventional evidence (smell of alcohol, slurred speech, impaired motor skills, etc.).

Blood concentration is affected by:

1. The amount of alcohol consumed.
2. The weight of the individual. A large person's liver will be bigger and, therefore, will eliminate more alcohol than a smaller person's. Also, the concentration of alcohol in the larger person's blood will be less, simply because there is more blood and more area of the body to be diffused in.

   *NOTE: You might illustrate alcohol concentration by drawing a diagram of a large glass and a small glass. If you take a large glass of water and put an ounce of alcohol in it and a small glass and put an ounce of alcohol in it, which would you rather drink? The small glass obviously is more concentrated.

3. The amount of food in the person's stomach which will slow down the absorption of alcohol by as much as one-third the time.
4. The amount of time involved in drinking. This is a key factor in determining BAC. Remember, we said earlier that the liver eliminates about 90% of all alcohol consumed at a constant rate of about two-thirds of a drink an hour or expressed in terms of the chart, .015%. Nothing can speed this up. If a person were to drink

about two-thirds of an ounce of 100-proof bourbon or two-thirds can of beer per hour, he could drink indefinitely without becoming intoxicated.

5. Your health. A person with ulcers or a damaged liver will show a higher blood alcohol concentration than will a person without physical impairment.

ALCOHOL AND ITS EFFECT ON DRIVING-RELATED SKILLS

(From MASEP-YEP)

As noted, alcohol is generally conceded to be a significant factor in over 50% of all traffic fatalities and from 70-80% of single car crashes.

Apparently, many drinking drivers often do not react in the half second it takes to avoid an accident. Why?

Take a minute and think about what a safe and responsible driver should be. Probably he/she should be a person with:

> good judgment and emotional control who has the ability to see well and execute the driving task with skill (that is, coordination of hands, feet, and eyes to control the car in response to others on the road).

Moreover, a safe and responsible driver in every situation must sense, decide and act in a manner which will ensure completion of every trip without accident, traffic violation, or discourtesies to others on the road.

The psychological and physiological impairment caused by drinking adversely influences our abilities to sense, decide, and act in a skillful manner. Coordination, reaction time, judgment, attention, and vision are affected by alcohol.

Effects of Alcohol on Motor Performance and Reaction Time

Muscular control and coordination tests show that intoxicating doses of alcohol impair most types of motor performances. Driving skills such as steering, turning, and braking are impaired. Reaction time is longer because of the slowed functioning of the brain. While people differ in their susceptibility to impaired motor performance (especially below a .10 BAC), it has been shown that two ordinary size beers in an hour can slow a driver's reaction time as much as 2/5 of a second. This is an extremely small amount of time, yet for a driver going 55 MPH, this will mean an additional 32 feet in braking. At a pedestrian crossing, for example, it can mean the difference between a near miss and a tragedy.

Effects of Alcohol on Vision

Let us go more deeply into the effect of alcohol on vision. A person's reaction time may be slowed, he may lack coordination, his speech may be slurred, and he may exhibit over-confidence. The effect of alcohol on vision, a key ingredient in safe driving is not so obvious. Alcohol or any other drug which reduces the supply of the oxygen in the bloodstream can impair the sensitivity of the nerves in our eye that send signals to the brain which, in turn, diminish our sharpness of sight. If there is sufficient alcohol in the blood to prevent our two eyes from working together, then the result is seeing double.

As previously stated, alcohol usually has a relaxing effect over all the muscles in the body. The delicate control over the fine, discrete muscles which move and focus our eyes is particularly affected by alcohol. A relaxing of these eye muscles has the effect of causing our vision to be blurred or the effect might be compared to how we see when we wear sunglasses at night. In addition to this blurring effect, the eye must adjust to oncoming headlights and then back to the darkness. This recovery action is greatly slowed by alcohol (about 5 seconds).

Distance Judgment. Alcohol affects the ability to judge distance. Our ability to move from one lane to another, determine whether a car is approaching or moving away from us, pass another car, or park is dependent on our ability to judge distance.

Peripheral Vision. One of the key effects of alcohol is to reduce peripheral vision. A study by the British Medical Research Council indicated that the score on a field of vision test fell off 30% for a blood alcohol concentration of .05. This reduction of your visual field will make it difficult to see potential hazards. This is why, for instance, drinking drivers often run through stop signs. Their field of vision has been reduced without their realizing it so that "they just plain don't see the stop signs." Another effect of the loss of side vision can be seen in drinking drivers who drive too closely to the sides or too closely to the center of the road. With the field of vision narrowed by the effects of alcohol, the driver unwittingly compensates for his loss of side vision.

The loss of side vision, or tunnel vision as it is often called, also occurs as you increase the speed of your car. It has been estimated that your field of vision is cut by 50% when driving at 45 MPH. So, when you add the effects of alcohol to the decrease in field of vision caused by speed, a double hazard has been created.

Color Vision. There are special nerves called cones in the eyes which make it possible for us to distinguish between red and green. When the sensitivity of these cones is decreased by the effects of alcohol, it becomes more difficult to distinguish colors. You can see why many drivers under the influence stop at a green light and go on a red light.

Good vision is the net sum of all the factors discussed above. Seeing properly is a fundamental necessity for driving safely. It is impossible to deny the obvious conclusion: drivers with visual abilities impaired by alcohol are a traffic hazard and are more likely to be involved in serious traffic accidents.

How Can You Tell if a Driver is Drunk?

1. Turning with a wide radius.
2. Straddling or hugging the center line.
3. Driving with head out the window or with window open in winter.
4. Almost striking an object or vehicle.
5. Weaving, drifting, or swerving in lane.
6. Driving off roadway or on the edge.
7. Driving too slowly (10mph or more below the limit).
8. Stopping in traffic for no reason.
9. Following too closely.
10. Breaking or accelerating erratically, jerking.
11. Driving into opposing or crossing traffic.
12. Signaling inconsistant with driving actions.
13. Slow response to traffic signals.
14. Driving with no lights at night, or failing to dim.

DRIVER DRINK CHART SUMMARY

(Based on body weight of 120 lbs.)

IF IN ONE HOUR YOU DRINK:	EFFECTS	ESTIMATED BLOOD ALCOHOL CONTENT
1 drink*	Slight changes in feeling. Any poor driving habits are more pronounced. Most drivers seem a bit moody.	.03%
2 drinks	Feeling of warmth - mental relaxation - decrease of driving skills - less concern with minor irritations and restraints - driver takes too long to respond to emergencies. Driving skills are affected in most people. At a .05% level, chances of involvement in an accident are twice as great as when sober.	.05%
3 drinks	Bouyance - exaggerated emotion and behavior - talkative, noisy, or sad - vision and judgment altered - significantly slower reaction time.	.08%
	If a person has a BAC of .10%, his/her chances of involvement in a traffic accident are 7 times greater than when the person is sober.	.10%
4 drinks	Impairment of coordination - clumsiness - moderate unsteadiness in standing or walking - further alteration in vision and reaction time. Judgment seriously affected.	.11%
6 drinks (within 2 hours)	Gross intoxication - unmistakable abnormality of gross bodily functions and mental faculties - drowsiness - hangover will follow. Distortion of all perception and judgment. At a .15% level, chances of an accident are 25 times greater than when the person is sober.	.15%

*One drink = 1 oz. whiskey = 4 oz. wine = one 12 oz. bottle of beer.

For persons weighing less than 120 lbs., the effect of each amount of alcohol is greater; for heavier persons, the effect may be smaller. For women, the effect is generally greater. Each individual may react differently to the same amount of alcohol at different times. Fatigue, an empty stomach, or mood may increase effect. Even one drink can produce an exaggerated effect for a short time.

OTHER EFFECTS OF ALCOHOL

Effects of Alcohol on Sleep

The effects of alcohol on sleep are known to anyone who has gone to bed after having had too much to drink, only to toss and turn and awaken the following morning feeling headachy and fatigued. Taking several drinks before bedtime has been found to decrease the amount of REM (rapid eye movement), or dreaming, sleep. The consequences of being deprived of REM sleep are impaired concentration and memory, as well as anxiety, tiredness, and irritability.

Effects of Alcohol on Emotion

People rely on the alcohol "high" as they mingle in social drinking situations, each recognizing that the others are also less responsible for what they do and say. Although drinking tends to increase in tense situations, it is not clear that drinking always reduces feelings of tension and anxiety in social drinkers. It has been suggested that the way people behave when they are drunk is determined largely by what their social group expects of the state of drunkenness.

Some studies show that alcohol tends to decrease fear and increase the likelihood that an individual will accept risks. For example, when a group of bus drivers were given several drinks, they were more likely to try to drive their buses through spaces that were too narrow, and they were seemingly more likely to risk failure than when they had not been drinking. The judgment and skill impairment was not predictable on the basis of amount consumed: Some drivers were more affected by two shots of whiskey than others were by six.

Effects of Alcohol on ttention Memory, and Conceptual Processes

Although alcohol usually does not affect a person's concentrated attention when only one source of incoming information is involved, alcohol impedes the capacity to absorb information from more than one source simultaneously and to switch from one source of information to another.

Reaction time, an indicator of attention, is measured by the rapidity with which a person makes a simple movement, such as pressing a button in response to a sound or visual signal. Between blood alcohol levels of .08% and .10%, reaction time slows measurably. Higher levels consistently produce larger performance failures. Reaction time is even greater when attention is divided, as when the person is simultaneously engaged in another task.

Other tests measuring both speed and accuracy suggest that alcohol has a greater effect on accuracy and consistency than on speed. A person who has had several drinks tends to "breeze through" a complex test but makes more errors than normally and is more erratic in responses. Many persons, however, feel that their performance has improved and refuse to believe otherwise when shown the poor results.

Effects of Alcohol on Cognitive (mental) Processing

Recent studies indicate that alcohol may take its toll on the sober cognitive functioning of social drinkers as well as that of alcoholics. In tests of abstraction and adaptive abilities, middle-class men employed in high-level occupations performed poorly in relation to the amount of alcohol they reported consuming. That is, those who drank larger amounts per drinking occasion performed more poorly when tested while sober. The pattern was strongest in heavy drinkers, but it was also evident in light and moderate drinkers.

Effects of Alcohol on the Kidneys

In the concentration in which it occurs in the body, alcohol has no direct action, harmful or helpful, on the kidneys. The frequent urination which is common after drinking is the result of the action of the alcohol on the antidiuretic secretion of the pituitary gland. Alcohol causes a decrease in this secretion and hence an increase in urination.

Effects of Alcohol on the Heart and Circulation

After two or three drinks, the pulse rate, blood pressure, and total flow of blood throughout the body usually increases about 5%. The increased circulation, which is due to the reflex action of the alcohol-irritated tissues of the throat and esophagus, lasts approximately 15 minutes. When the alcoholic beverage is well diluted, the concentration of alcohol is too low to cause such surface irritation and the pulse rate remains unchanged. In severe drunkenness, the pulse rate is higher than normal, but it reverts to normal after recovery.

Alcohol Dehydration

In high concentration, alcohol has a marked affinity for water and will dry out body tissues. Excessive drinking may alter the water balance between the inside and the outside of body cells so that part of the water which is normally retained inside the cells may shift to the outside. No water is actually lost in this process; it is simply a temporary redistribution. The fluctuation in the water balance accounts for the extreme thirst experienced after heavy drinking.

Effects of Alcohol on Sexuality

People infer alcohol's capacity to release inhibitions from the observation that, after drinking, some people tend to show an increased amorousness. This has given rise to an assumption that alcohol promotes sexual activity.

Tests have revealed consistently that, to the contrary, large doses of alcohol frustrate sexual performance. Studies of alcoholics have revealed that their sex life was disturbed, deficient, and ineffectual. Alcoholics may experience impotency, sometimes reversible with the return of sobriety.

It appears that, for non-alcoholics, a few drinks dull the sense of restraint. A subtle truth, however, was expressed by Shakespeare: Drink "provokes the desire, but it takes away the performance."

The following is a partial list of illnesses/diseases which may result from long-term heavy use/abuse of alcohol:

1. Alcohol Hepatitis - Inflammation and damage to liver cells result in disturbed liver metabolism. Symptoms include: jaundice (a yellowish cast of the skin), weakness, easy fatigability, loss of appetite, occasional nausea and vomiting, low grade fever, and mild weight loss.

2. Anemia - Alcohol interferes with the body's ability to manufacture and/or maintain red blood cells, white blood cells, and platelets.

3. Brain Damage - Heavy drinking over many years may result in serious mental disorders or permanent damage to the brain. Possible effects are: confusion, loss of recent memory and disorientation, deterioration of critical mental functions, such as judgment and learning ability.

4. Cirrhosis - A disease of the liver during which the tissues change in form, become scarred, causing the liver to lose its ability to carry out its functions. Not all those affected with cirrhosis are alcoholic, nor do all alcoholics develop cirrhosis.

5. Heart Disease - (a) Alcoholic cardiomyopathy: This is a serious condition characterized by heart failure, shortness of breath, and heart enlargement; improvement is associated with bed rest and a cessation of alcohol consumption; (b) Beri-beri: This disease is a result of dietary deficiency, especially of vitamin B-1. It is characterized by congestive heart failure; (c) Abnormalities in cardiac rhythm: Heavy use of alcohol has been associated with a variety of cardiac rhythm problems including palpitations, arrhythmias, and fibrillation.

6. Malnutrition - Alcoholic beverages do not contain significant amounts of protein, vitamins, minerals, and amino acids, therefore providing only "empty calories." Since the person who is drinking heavily tends not to eat, nutritional deficiencies may result. Even with a person consuming a good diet, heavy alcohol intake can interfere with food digestion and absorption. Some researchers believe that this lack of nutrition may be a primary cause of tissue damage associated with alcoholism.

7. Pancreatitis - Alcohol may irritate the small intestine, causing the pancreatic duct to become swollen. Digestive juices cannot pass freely, causing the pancreas to become inflamed.

8. Fetal Alcohol Syndrome - Birth defects as a result of the expectant mother who drinks during pregnancy.

WHY ALCOHOL AFFECTS PEOPLE DIFFERENTLY

(From Decisions About Alcohol and Other Drugs.)

Why do some people get silly drinking beer while others become sleepy? Why do some drinkers become nasty after a few mixed drinks while others get more friendly?

One reason is obvious: how a person feels and acts after drinking depends on how much alcohol he or she drinks. The person who has one beer is probably going to feel differently from a person who has five beers.

But not necessarily. The first person may drink one beer in thirty minutes, and the second drinker may take four hours to drink the five beers. If this happened, the alcohol may have the same effect on both of them. We saw earlier how the liver can change or oxidize about one-half ounce of actual alcohol into carbon dioxide, water, and energy every hour. If someone spaces five beers over four hours, this gives the liver just as much time to oxidize the alcohol in the beer as in the case of the drinker who drinks one beer in thirty minutes. So in both cases, not much alcohol stays in the bloodstream: the liver has been able to handle it almost as fast as it has been drunk:

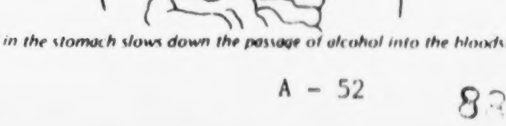
So how alcohol affects a person depends not just on how much he or she drinks, but also how fast. The faster someone drinks, the more alcohol gets to and stays in the brain.

But why is it that often people who drink exactly the same amount of alcohol at the same speed still may feel or act differently from each other? Why does one person drinking three beers in an hour get clumsy and bump into things while someone else just seems to be a little more relaxed?

The different effects happen because how someone feels and acts after drinking also depends on the following things:

* How much the drinker weighs. A 180-pound person has more blood and water in his or her body than does a 120-pound person. So the same amount of alcohol will be more diluted in the heavier person's bloodstream, and it will not affect him or her as soon or as strongly as it will affect the 120-pound person.

* How much experience the drinker has had with alcohol. People who have drunk alcohol for many years have learned what it does to them. They can often be careful, if they don't drink too much, about what they say and do while they're drinking.



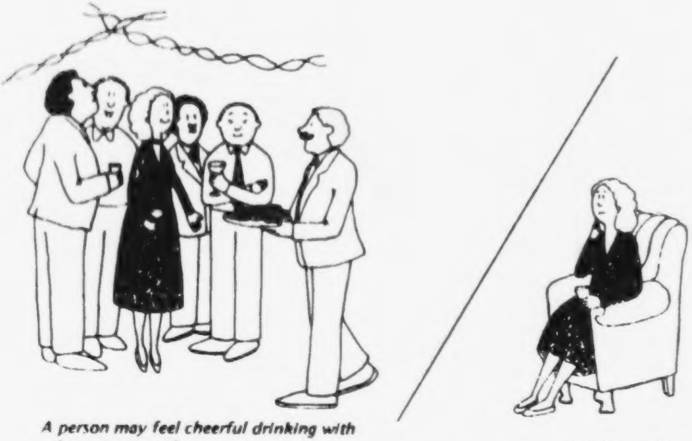
Food in the stomach slows down the passage of alcohol into the bloodstream.

- How much the drinker has eaten. When people drink while they eat or shortly after eating, the food in their stomach makes it harder for the alcohol to get into the small intestine. And, as we saw earlier, most alcohol goes into the bloodstream and then to the brain only after it reaches the small intestine.

- How the drinker feels about alcohol. Alcohol affects people in many ways. In addition to the way their bodies work, how people think and feel can make a very big difference. First of all, what a person expects and wants alcohol to do can help produce that effect. In fact, when some college students were given several drinks which they were told had alcohol in them (but didn't), they got "high" anyway. Since they expected to get high;, they did--even without the alcohol!

- How a person feels. The mood a person is in when she or he drinks may also make a difference in what happens after drinking. A person who is sad may just feel more unhappy after drinking.

- Where people drink. The situations in which people drink can also make a difference in how alcohol affects them. Someone who drinks at a party may feel very happy. Drinking alone at home the next week, this same person may feel lonely.



A person may feel cheerful drinking with others at a party but .... sad drinking at home alone.

As we can see, there are many reasons why people often feel and act differently from each other when they drink. How alcohol affects people depends on:

- how much they drink
- how fast they drink
- how much they weigh
- how much drinking they've done in the past

- how much they've *eaten*
- what they *expect* *and* *want* drinking to do to them
- how they *feel* when they begin drinking
- *where* they drink

So when people say, "Oh, alcohol makes you feel this way" or "drinking does that to you," they are often wrong. We can't talk about how alcohol affects people unless we say *how* *much* alcohol we're talking about, *how fast* it's drunk, and all the other thinks we've listed above which influence what drinking does to people.

This means, too, that it's often very difficult to *know* how someone will act or feel when he or she drinks. Only after many years of drinking can people be pretty sure how one, three or ten drinks will make them feel or act. By that time, they have usually *learned* what happens to them when they drink.

Sobering Up

The speed of alcohol absorption affects the rate at which one becomes intoxicated; in reverse, the speed of alcohol metabolism effects the rate at which one becomes sober again. Once in the bloodstream and carried throughout the body, alcohol undergoes metabolic changes and eventually is reduced to carbon dioxide and water. Most of these processes take place in the liver, although from 2 to 5% of the alcohol is excreted chemically unchanged in urine, breath, and sweat.

As a general rule, sobering up completely will take twice as many hours as the number of drinks consumed. Drinking black coffee, taking a cold shower, or breathing pure oxygen will not hasten the process of metabolizing alcohol.

The search for some medication or method to speed up the rate of alcohol metabolism, and thus provide quick sobriety, has been largely unsuccessful. All one can do is wait and let the liver do its work. Even caffeine, a stimulant in coffee and tea, which is supposed to help the drowsy driver stay alert, cannot make a drunk driver sober. Studies show that caffeine does not improve an inebriated subject's driving. You simply have a wide-awake drunk on your hands.

A familiar after-effect of overindulgence is the hangover--the morning-after misery of fatigue, nausea, upset stomach, anxiety, and headache. The hangover is common and unpleasant, but rarely dangerous. Although the hangover has been blamed on mixing drinks, it can be produced by any alcoholic beverage or by pure alcohol. The exact cause is unknown.

There is no scientific evidence to support the curative claims of popular hangover remedies such as coffee, raw egg, oysters, chili pepper, steak sauce, "alkalizers," vitamins, "the hair of the dog," or such drugs as barbiturates, amphetamines, or insulin. Doctors usually prescribe acetaminophen or aspirin, bed rest, and solid food as soon as possible.

REASONS FOR DRUG USE

THE STUDENT DRUG USER

In dealing with drug users, most professionals, especially in the area of public education, fail to realize the many varied reasons people have for using or abusing drugs.

HOW DO YOU SPOT A POTENTIAL DRUG USER?

Actually, very little research has been done in the area of the potential drug user. In turn, very little has been discovered that will aid in pin-pointing that individual who is most apt to use drugs. With the experience gained in the public school setting, it is not terribly difficult to spot the student who will eventually fall into some pattern of anti-social behavior, i.e., truancy, dropping out, misbehavior, underachievement. Consider any such individual a potential drug user.

If problem drug users have anything in common, it is probably the way they react to stress; they use drugs. This, obviously, is a negative reaction to stress. Thus, it may be said that people who are more prone to react negatively to stress are more prone to become problem drug users. What are some negative reactions to stress? They may take the form of hysteria, uncontrolled crying, unchecked anger, withdrawal, defensiveness, or any of several other forms.

What causes a person to react negatively to stress? In the case of adolescents, it may be because he has always been protected from stress, or he may have experienced so much stress that he has become emotionally supersaturated. The point is that no one is immune. Stress is part of everyone's life. The important thing is how one deals with it, or in the case of educators, how to equip students to deal with it. A great deal of emphasis should be placed upon creative alternative activities for these students.

There is no foolproof method of identifying drug users. In view of this, educational personnel should be very careful when confronting a student with any suspicion. For example, a child with red, watering eyes may just have hay fever or a third shift job. Therefore DO NOT ASSUME CAUSALITY WITH DRUG USE if any of the following characteristics are present. They, alone, DO NOT identify the student drug user. The following list of behavioral characteristics, however, can be indicative of an emotional or stress situation affecting a student. Without correction of this emotional or stress situation, the student may turn to drugs to escape the situation.

BEHAVIORS ASSOCIATED WITH SUBSTANCE USE AND ABUSE

School

1. Grades begin falling for inexplicable reasons.
2. Skips classes or entire days of school, increased tardiness particularly on Mondays and Fridays.
3. Drops out of sports and other activities.

4. Disrespectful of teachers, assignments, rules, and regulations. Avoids teachers and authority figures more.
5. Frequent suspensions.
6. Expulsions.
7. Falling asleep in class.
8. Handwriting changes, usually becoming poorer.
9. Assignments completed late with increase in errors, decrease in quality.
10. Disruptive classroom behavior; avoids classroom discussions.
11. Leaves school functions; returns later.
12. Seems to manage to avoid disciplinary consequences.

Family

1. Changing attitude toward rules and regulations, parents, brothers, sisters, strained family relationships.
2. Lack of participation in family activities.
3. Isolating, going straight to his/her room; reluctant to see or talk with others when coming in, sits in car and plays radio with a friend.
4. Breaks curfew or sneaks out past curfew.
5. Lying, blaming others for irresponsible actions.
6. Stealing (money, pills, goods to be "hocked").
7. Violence--physical and verbal, rowdiness, defensiveness, increased suspiciousness.
8. Vagueness about company kept, friends change frequently, unwilling to give friends' last names or addresses.
9. Anonymous telephone calls (usually short); parties hang up or refuse to be identified.
10. Compliant and agreeable but fails to follow through with promises made; either doesn't go where he says he is going or leaves early after getting there.
11. When parents find drugs, child reports he was "holding them for a friend."
12. Either has more money than parents would expect or the opposite, always borrowing, owes friends money.

13. Strange odors on person or discarded clothing.

Personal Health

1. Erratic sleeping habits, difficulty sleeping at night.
2. Erratic eating habits, change in diet.
3. Moodswings, sometimes inappropriately happy; sometimes inexplicably depressed, increased irritability, low frustration tolerance, nameless anxieties and fears, increased anger defensiveness, increased passivity, increased dependency on adults and peers to make decisions, increased feelings of inferiority and inadequacy, denial of responsibility for actions.
4. Decreased concentration, decreased short- and long-term memory. Deterioration in judgment and problem-solving ability; distorted, illogical thinking.
5. Increase in accidents.
6. Decrease in motivation; an "I don't care" attitude.
7. Organizational ability deteriorates.
8. Becomes less flexible, more rigid.
9. Blackouts.
10. Weight change; skips meals.
11. Personal hygiene deteriorates, change in dress and grooming, wears long sleeves on a hot day.
12. Complains a lot about not feeling well at the beginning of the week.
13. Red, puffy eyes, irritated nostrils; uses eyedrops or sunglasses.
14. Lethargy, tremors.
15. Deep nagging, persistent, dry cough.
16. Hangovers: headache, vomiting, nausea.

Legal

1. D.W.I.
2. Accidents or near misses.
3. Speeding/carelessness on highway.
4. Thefts, assaults, or other infringements of law.

Miscellaneous

1. Pregnancy.
2. Begins to hang out with an older crowd.
3. Paraphernalia kept or admired: rolling paper, bongs, roach clips, drug magazines, pipes, papers, stash cans or boxes; sews secret compartments in clothes and bookbags; keeps locked drawers or boxes in his room.
4. Is found in unusual places at odd times, such as attics, storage areas, closets, and garages.
5. Sudden change in slang; junkie language and behavior observable. Uses a lot of profanity.
6. Uncomfortable talking about religion.

(NOTE: Any one of these symptoms can usually be explained, but a regular pattern demonstrating several of these symptoms should not be ignored or chalked up to a "phase.")

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

Below are listed characteristics of a mentally healthy person. Unlike the potential drug user, such individuals develop good coping strategies and do not depend upon drugs.

1. Concern for others.
2. Ability to make decisions
3. Willingness to postpone.
4. Interest in work.
5. Acceptance of responsibilities.
6. Ability to adapt to change.
7. Establishment of realistic goals.
8. Sense of right and wrong.
9. Degree of autonomy.

QUESTIONS FOR IDENTIFYING THE POTENTIAL DRUG USER

The following is a list of questions which may help to identify characteristics that are often found among drug users within the school situation. These questions do not represent a foolproof checklist for identifying potential users, but may aid teachers and counselors in becoming more aware of the types of problems that may eventually take the form of drug use.

1. Is the child's home situation wholesome? Does there seem to be good communication between the child and his parents?
2. Does the child seem to be able to copy with typical environmental and academic stresses in a mature and responsible manner?

3. Does the child seem to take pride in himself? His accomplishments? His appearance? Etc.?

4. Does the child seem to be satisfied with his teachers and does he seem to have good relationships with them?

5. Does the child seem reasonably dedicated to his studies and not overly involved in activities that detract from them (i.e., television, "goofing-off")?

6. Is the child competent in the basic academic skills (reading, spelling, and arithmetic)?

7. Does the child seem pleased with his choice of courses?

8. Is the child involved in extra-curricular activities or other healthy outlets.

9. Does the child's parents seem interested in his academic progress?

10. Does the child have a good circle of friends in the school, and does he get along well with them?

11. Does the child seem to have definite goals for himself, even if he often changes them?

12. Does the child seem to be in good physical condition?

13. Is the child usually on time for classes, and does he usually come prepared?

14. Is the child up with his class and with his own age group?

If the response to a significant number of these questions is negative, it may well be that the child in question may develop some sort of behavior pattern that will be harmful to him. This includes not only the possibility of problems such as truancy, dropping out, general misbehavior, etc., but also includes the possibility of prompting an interest in drugs.

One must always keep in mind that "people" use drugs, and each individual is different. Therefore, it is impossible to list a complete set of reasons behind drug use. Many school-age children and young adults, involved with drugs, stated at workshops and conferences the following as their reasons for becoming involved:

1. Peer pressure.
2. Curious.
3. It's the thing to do.
4. It's fun.
5. Everyone else is doing it.
6. It makes you forget your problems.
7. Fed up with school, home, and the establishment.
8. Communication problems with parents and adults.
9. The drugs are available.
10. You say don't, so I do it.
11. There is nothing else to do.

ADDITIONAL REASONS THAT DRUGS ARE USED OR ABUSED

Additional reasons that drugs are used or abused include:

1. Drugs are used/misused for physical reasons: dieting, controlling pain, getting to sleep, staying awake.
2. Drugs may cause temporary pleasurable feelings; they may make you feel good.
3. Drugs may be a temporary escape from reality.
4. In some groups, drug use is seen as necessary for peer acceptance.
5. Advertising teaches that drugs are an easy way of solving problems and relieving pressure.
6. Drugs are used as substitutes when basic human needs are not met.
7. There is little knowledge about or encouragement of positive forms of relaxation and entertainment in our society.
8. Drugs are widely available in all communities.
9. This is a drug-centered culture; social pressure encourages drug use.
10. Loneliness, boredom, or depression can encourage people to rely on drugs to feel good or "pass the time."
11. Low self-esteem can lead to drug abuse and other self-destructive forms of behavior.

It is important to keep in mind that one's personality plays an important role in the types of drugs he uses and the extent to which he will use drugs. A person's perception of the world in which he lives is a very important factor in his behavior. In working with the potential or practicing drug user, one must understand that the stimulus to use drugs comes from the user's idea of what is real and true, not what the teacher, parent, or counselor feels or knows the situation to be.

SUGGESTIONS TO HELP PARENTS COMBAT SUBSTANCE ABUSE

Prevention

1. Learn to communicate feelings. Encourage your children to share their feelings. Try to be as open with your own feelings.
2. Teach your children responsibility from the earliest. Give them alternatives for decisions and keep within the margins you set down.
3. Affirm the good in your children. Criticizing the bad, but saying nothing about the good they do, can damage their self-image.

4. Educate yourself about the current drug scene. What drugs are being used, what are the effects of various drugs, etc. Attend workshops and read materials relevant to this subject.

5. Discuss the drug/alcohol abuse situation with your children. Give them straightforward information; share your feelings about substance abuse, and invite them to share theirs.

6. Let your children know that substance abuse is not a negotiable matter. Lay down the rules for substance abuse in your household. Let them know that there will be consequences for breaking these rules.

7. Speak with other parents about teenage substance abuse. Try especially to get together with the parents of your adolescent's friends.

8. Examine your own use patterns. What kind of model are you?

9. Carefully observe your children's growth. Be alert for early signs of drug use. Give them margins for spending money and partying.

If You Suspect Drug Use or Know It Exists:

1. Don't panic. Confront your child in a firm, but caring manner, perhaps in a family meeting. Share, with other family members, behaviors that hurt you. If your child is into early use, this kind of confrontation may turn the tide.

2. If irresponsible behavior and additional signs of use persist, ground him or her. Cut off visits from friends, monitor phone calls, search his or her room (snooping is fair, here) to be certain that nothing is stashed away. This will not make a hit with your children, but it shows them that they will pay consequences for irresponsibility. Try to involve yourself in life-giving, creative ways with your child during the grounding period.

3. If after the above, your teenager moves back to old patterns of drug use, he may be unable to break out of this pattern without help. Treatment centers provide an evaluation process that can help determine the extent of use.

4. Allow your teenager to suffer the consequences of his drug behavior. Don't enable by softening the harsh consequences.

5. Find out if your school or community offers support groups or Alcoholics Anonymous or Alateen meetings where teenagers talk about their use and stay drug free once treated. Encourage attendance at these meetings. Never give up on your young person.

Take care of yourself. Substance abuse is a family problem, and if your family has been struggling with this for some time now, you should attend Al-Anon meetings or group sessions associated with your teenager's treatment program. You need help, too, if you are ever to feel better. Get the whole family recovering.

CHEMICAL DEPENDENCY (ALCOHOLISM)

(From *Substance Abuse Prevention Education Manual*, SAPE, LA State Dept. of Education.)

"Have you heard the one about the drunk who . . .?" How many times has this line been heard, usually accompanied by the tinkling of ice and the clink of glasses? It is ironic that so much humor is generated by such a tragic disease process as chemical dependency.

Approximately one out of every 10 adults in the United States today suffers from chemical dependency. Over 3 million teenagers in America are alcoholics. One in 10 high school seniors smokes pot every day. One-third of American children start smoking marijuana in grade school. Seventy-five percent of crime is drug-related, and over 60% of traffic accidents and traffic fatalities are drug-related. Every 23 minutes a child dies in one of these car accidents. In 1980 some 315,053 young people were arrested for alcohol-related and drug-related violations; 810 were 9 years old and younger.

Why is alcoholism a disease? Disease is defined by Webster's dictionary as "a particular destructive process in an organism." In the mid-1950s, the American Medical Association classified chemical dependency as a disease which is primary, progressive, chronic, and terminal. As a matter of fact, this disease has reached epidemic proportions in the United States.

Although the situation looks bleak and is certainly a serious problem, it is not an insurmountable one. The first step toward dealing with this problem (and treating the disease) is to learn how the disease has been dealt with in the past and the characteristics of the disease.

DRUG ADDICTION AS VIEWED BY SOCIETY

Historically, drug addiction has been viewed by society in several ways. Drugs have always been of great beneficial value because of their use to treat illnesses. From prehistoric times until today, drugs have been used as medicine. Often they were used by the shamans or "witch doctors" to provoke what they believed to be religious or spiritual experiences. In some parts of the world, this practice still goes on today. Even before modern use in the fight against illnesses, there was abuse and addiction. At one point in history, it was the general consensus that addiction was the result of a moral weakness and that a chemically dependent person was a bad person, a weak person, or an irresponsible person who should be punished. About the turn of the century, the theory was forwarded that chemical dependency was a symptom of some underlying psychiatric disorder, and that if the hidden disturbance could be revealed, the dependent person would be cured. However, experience has shown this approach ineffective.

The exact causes of alcoholism is still unclear. There is good evidence that children and relatives of alcoholics are more at risk to become alcoholics than the population at large. Alcoholism does tend to run in families.

There are three theories being explored about what causes alcoholism. *Psychological* theories hold that there is something in the personality of problem drinkers and alcoholics that causes them to drink. Biological theories hold that alcoholics may have or be missing some chemical in their bodies, which makes alcohol affect them differently from other people. Social theories look also at the society's attitudes toward drinking. In all probability, all three elements contribute.

Chemical dependency has reached epidemic proportions in this country partly because of the misconceptions people have concerning drug abuse and addiction. People need to re-examine and re-define their attitudes regarding chemical dependency. These attitudes and feelings must be aired and fully explored before they can be changed. This change can only occur through thorough awareness and education.

POTENTIAL FOR DEPENDENCE

Drinking large amounts of alcohol over a period of time can produce psychological and physical dependence, an illness known as alcoholism. Alcoholism was declared a disease in 1951 on the following basis: a disease has a known cause, a known progression of symptoms that get worse over time, and a known outcome. Alcoholism is a treatable disease. It may be defined as drinking to the extent that it causes harm to a person's health, family or job. (Refer to the information on legal considerations of alcohol for the legal implications of alcoholism.)

Physical. Persons withdrawing from alcohol may suffer some or all of the following:

1. Tremulousness - The person is irritable, restless, and easily startled. There is an increased pulse, sweating, and sleep difficulty.
2. Alcohol Hallucinosis - The person is aware of who and where he/she is, but frequently misperceives sights and sounds.
3. Hallucinations - The person hears nonexisting voices which may be of a threatening type.
4. Seizures - Single seizures require protecting alcoholics from hurting themselves. Multiple seizures require prompt medical treatment.
5. Delirium Tremens - This is the most serious of all withdrawal symptoms. It may occur in those who have been drinking heavily for years. Its main characteristics are auditory, visual, and tactile hallucinations which may be of a terrifying nature. There is also heightened autonomic nervous activity, agitation, fast pulse, and fever. Approximately 20% of all persons experiencing DT's die due to medical complications even with medical attention.

Regular use of alcohol induces tolerance, making increased doses necessary to produce the same effects. When tolerance develops, alcohol-dependent people may drink steadily throughout the day without appearing to be intoxicated.

Psychological. This type of dependence can also be present without physical dependence and is evident, for example, in individuals who need to drink alcohol to be social.

There is no clear-cut distinction between a problem drinker and an alcoholic. It is a matter of degree and extent of the problem(s). Generally, alcoholism is considered more pervasive, harmful, and long-term. A problem drinker may develop alcoholism, but this is not always so.

Problem drinkers are those persons whose drinking causes problems for themselves and for other people. It interferes with the functioning of the drinker or those around them rather than relating to any specific drinking behavior. There are 9 million to 10 million problem drinkers and alcoholics in the United States at the present time. Most problem drinkers appear to lead normal lives--they have jobs, families, and are active in the community. Some warning signs of problem drinking are:

1. Blackouts - Similar to amnesia, this occurs when people cannot remember what happened or what was said or done when they were drinking. The person remains functional and does not lose consciousness.

2. Sneaking drinks - The person starts to drink early to get a head start on a party or to disguise the quantity of alcohol consumption.

3. Making excuses - Drinkers begin to feel terrible about their abuse and attempt to rationalize.

4. Eye-openers - The drinker needs to have a drink to get started in the morning.

5. Drinking alone - Drinkers become isolationists when they think others are too critical. They drink "alone" by retreating into a private world of their own.

6. Benders - Occurs when a person drinks blindly and helplessly for only one reason, to get drunk and stay that way. Both the quantity and duration of drinking are out of control.

7. Drinking to cope with problems.

8. Frequent intoxication.

9. Going to work intoxicated.

10. Car accidents resulting from drinking or receiving tickets for Driving Under the Influence (DUI).

11. Getting into arguments or fights when drinking.

A problem drinker may develop alcoholism, but the distinction as to when this occurs is not clear. As a person continues to rely on alcohol, his/her coping skills decrease which can cause a downward spiral at work, with friends, and at home.

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The drinking and the downward spiral in the alcoholic's life continues until he/she makes a firm commitment to seek help. This usually happens when the pain of drinking is greater than the pain the drinker is trying to escape. For this reason, it is important for family, friends, and co-workers not to support the person's drinking. This can be done by not covering up for the alcoholic, not making excuses for the person's behavior, and by not doing his/her work.

THE DISEASE PROCESS

The death rate in America has been significantly expanded by drug use. Drug addiction or use contributes greatly to the incidence of heart disease, cancer, suicide, accidents, and other causes of death. In light of this information, it would seem worthwhile to explore the disease process of chemical dependency thoroughly.

Chemical dependency has been described as a primary, progressive, chronic, terminal illness. Chemical dependency is a primary disease with describable predictable symptoms which cannot be treated until detoxification (removal of the drug from the metabolism) can occur. Although it is the cause of much mental, spiritual, and emotional distress, chemical dependency is not considered to be a symptom but the disease itself.

Chemical dependency is progressive. It gets worse as time goes on unless the addictive behavior is interrupted through treatment. One's tolerance, or inability to handle mood-altering chemicals, increases with use.

Chemical dependency is a chronic or lifelong illness. It cannot be cured but can be controlled. In this way chemical dependency is similar to many other chronic diseases, such as diabetes and epilepsy. (Remember how people once treated epileptics?) Most of the symptoms will disappear with prolonged sobriety. Chemical dependency is also terminal. If not arrested, it will kill 100% of its victims prematurely.

Chemical dependency is not only chronic but also psychologically and socially contagious. People close to the addicted person suffer from many symptoms and make it easier for the addict to continue his abuse. These people are considered to be ill as a result of their relationship with the person having the disease. They are enablers. The concept of enabling is a very important consideration in treatment of the chemically dependent person and his family.

Every chemically dependent person adversely affects at least four lives directly and 10 indirectly. Some 48 million (almost one-fourth of the population of the United States) are directly affected by the disease, while 168 million are indirectly touched. Drunk drivers, of course, have the potential for affecting 100% of the population, if not directly then indirectly through insurance rates and the cost of increased police services.

Estimates show that 25% of the children sitting in the classrooms today come from chemically dependent families. This disease has been identified as a significant factor in lowered classroom discipline and quality education, and in increased teacher burn-out, vandalism of school property, absenteeism, illnesses, suicides, juvenile deliquency, failures, and general classroom disruptions.

Two major symptoms of the disease of chemical dependency are denial and delusion. These defense mechanisms are one of the reasons this disease is so difficult to treat. Chemical dependency is referred to as the "feeling disease" primarily because the person suffering cannot see himself as ill. The operative word in the foregoing statement is "cannot." The person's feelings about himself--sense of adequacy, self-esteem, and self-appreciation--are so involved and convoluted that he no longer accepts his own feelings but instead denies that what is real is actually happening. He does not consciously realize that he is denying reality, and he suffers from the delusion that he can stop using the chemical anytime he wishes. A very important point to consider about this disease is that the person who is ill does not and cannot recognize his own symptoms. He does not consciously lie about his condition. He simply cannot view his situation realistically.

Determining whether or not a person is chemically dependent is difficult because of much misinformation about the disease. For instance, many people believe that a person is not an alcoholic if he drinks only beer or drinks only on weekends. Another misconception is that addicted people cannot be helped unless they want help and ask for it. Some people believe that if a man goes to work regularly and drinks only during his leisure time, he is not an alcoholic. Anyone who as a result of his chemical use is experiencing difficulties in his relationship with his family, his work, his health, the law, or his spiritual life and who continues to use is in need of help. Families and friends of abusers also need help. Chemical dependency is not an untreatable disease. Help is available.

IMPACT OF CHEMICAL DEPENDENCY ON THE FAMILY

(From Substance Abuse Prevention Education Manual, SAPÉ, LA State Department of Education.)

The alcoholic or drug abuser not only systematically destroys his own life, but unfortunately also adversely affects the lives of those who care about him. The illness of chemical dependency is a family illness, and for reasons that will later become apparent, must be dealt with as such. Whether it is family conflict, verbal or physical abuse, emotional neglect, sexual abuse, divorce, or physical death precipitated by the addict's use, every family member is affected, and every family member makes some adjustment to compensate for his own feelings of negative self-worth.

Loved ones of those who are chemically dependent have trouble justifying to themselves their ambivalent feelings of love and hate, resentment and loneliness, guilt and anger. Children of alcoholic parents often feel abandoned and helpless, confused and rejected. Many feel that they themselves are somehow to blame. They may act in ways that those around them do not understand, and because of the "different" behavior, they may be labeled as being an "underachiever" or a "troublemaker." These kids may become truant, exhibit promiscuous behavior, attempt suicide, or abuse alcohol or drugs themselves. On the other hand, some kids from alcoholic and drug abusing families are high achievers, athletic heroes, or just average students.

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ROLES

Sharon Wegscheider* has cited at least four prominent roles that are identifiable in the children of the chemically dependent person. The first role mentioned by Wegscheider is the *family hero*. He appears to those outside the family to be a real winner. He is the star football or basketball player or leader on the debate team. He may be voted most likely to succeed because he does "what is right" to be successful. However, all the time he is feeling miserably inadequate. The hero seeks to bring honor or dignity to the family, and indeed, the family is proud of him. If left untreated, the hero from the alcoholic family may become a workaholic, trying to prove himself never wrong, trying to be responsible for everything.

The second role is that of the *scapegoat*. He cannot compete with the hero for positive attention, but he is very adept at gaining negative attention, thereby becoming a distraction and scapegoat for the alcoholic in the family. He is angry and defiant on the outside and feels a lot of hurt on the inside. If scapegoats do not get help, they may become delinquent, have an unwanted pregnancy, or get into trouble at school.

The *lost child* is the third role and probably the most tragic. He can neither compete with the hero nor accept the behavior of the scapegoat. He feels lonely and helpless, as well as unimportant. He is visibly withdrawn from others and usually quiet and shy. The lost child also has difficulty making decisions and may seem to fade into the woodwork and become "invisible." If he does not get help, this child may have little zest for life, may have sexual identity problems, and may have trouble forming long lasting relationships. According to Wegscheider, this person may also have a short life expectancy.

The fourth role in the dependent family is the *family mascot*. He is usually somewhat fragile and seems to need protection. This is often the youngest child. In many cases he gets protection because the family sets him up as innocent, virtuous, and somewhat immature. He is never invited to grow into adulthood. The mascot has many fears and expresses those fears by providing welcome comic relief for the family. The mascot may be characterized by anxiety, hyperactivity or learning disabilities. If left untreated, the mascot will become a compulsive clown who cannot handle stress. He will probably marry a hero for the care that can be provided. He is also at high risk for chemical dependency.

Add to the four previously mentioned roles the *identified patient* or chemically dependent parent, and the *chief enabler*, who is usually the spouse of the identified patient, and the picture of the chemically involved family becomes complete. The identified patient is the one in the family who is getting an inordinate amount of attention. Many times he is excused by other family members because he "cannot cope" or "cannot help himself." Others in the family are ashamed of his behavior and make excuses for it to those who will listen. The identified patient has a poor self-image because he is treated as being irresponsible and weak. Much of his pain comes in the form of shame.

*Wegscheider, Sharon. *THE FAMILY TRAP*. Crystal, New Mexico: Nurturing Networks.

The chief enabler, who is usually the spouse but can be any family member, takes primary responsibility for the identified patient's behavior, thoughts, and even feelings. The chief enabler is angry, resentful, and many times reflects alcoholic behavior in his own actions. It is the function of the chief enabler to make excuses for the identified patient and protect him from the natural consequences of his actions. Without an enabler, it is very difficult for him to continue harmful involvement with drugs or alcohol.

With help, the hero can learn to relax, accept some failure, and become responsible for himself alone. The scapegoat can accept responsibility, see reality, and even may become a good counselor. The lost child can learn independence, exhibit talent or creativity, and express imagination. The family mascot no longer has to be the clown but can effectively handle life stresses. He can even be fun to be near. The identified patient can work toward recovery and a better, more fulfilling life, and the chief enabler can allow him to be responsible. The whole family can get better and become healthier and happier.

AIDING CHILDREN FROM THE DYSFUNCTIONAL FAMILY: IMPLICATIONS FOR TEACHERS

About 25% of the kids that teachers see in their classrooms come from homes where one or more persons are abusing alcohol or drugs. Because of the number of children in such families and because the teacher is usually the most influential adult in the child's life outside the home, the importance of the teacher's ability to recognize symptoms that may indicate that a child is involved with a chemically dependent family becomes paramount. The teacher has the greatest chance of intervening in that sick relationship to give the child the help he needs to overcome the pain and shame associated with coming from a dysfunctional family. The parents' help can be enlisted, but in many cases the teachers' working alone with the child to give the support he needs is enough. The children need to know that someone cares and that it is normal to feel the way they do under the circumstances.

Children do not escape unscathed from chemically dependent families. The addicted person (a parent will be used as an example, although any family member will "infect" others) may hide his actual drug-taking behavior, but the emotional upheaval associated with the drug-taking will take its toll. Even though the alcoholic may not drink in the presence of his children, his children still bear the brunt of his defensive mechanisms--rigidity, perfectionism, anger, fear, agitation, unwarranted punishment, broken promises, and bizarre behaviors associated with intoxication which children sometimes do not understand. They will also sense that both parents are uptight and seem to be angry all the time, and the children are never sure that they are not the cause of this anger. Children can also be victims in the sense that they know that Dad is a drunk, and they wonder why nobody else seems to notice. As a result, the child may come to doubt his own perceptions. Usually in a dysfunctional family, the cardinal rule is that nobody talks to anybody else about what is happening.

The children of chemically dependent families are greatly at risk because they are the most likely to become chemically dependent themselves, marry dependent people, or develop patterns of emotional instability. Both physiological and psychological factors influence this trend. Helping these children is an urgent priority.

Anyone coming into contact with these children is in a position to help. Teachers have a greater impact than just about anybody else because of their unique role in the child's life. The fact that many teachers have not already reached these children does not appear to be the product of a "don't care" attitude. Rather, it is the product of a frustrating lack of knowledge. Teachers can do more to combat this situation once they have the information they need.

Typically, many professionals in this field have contended that the best way to help these children is to straighten out the parents. However effective this may be for adults, it does not address the issue of a child's confusion and fear regarding his parent's bizarre behavior. All helping professions need to take a close look at this issue, if for no other reason than that a person, no matter how well-educated, does not stand much of a chance of leading a productive life unless he is emotionally stable. In most cases, these children are not able to take advantage of the education offered them anyway, but instead interfere with the education of other students while not getting one themselves.

A list of goals has been derived from a review of the literature about a variety of programs which are having clearly positive effects in helping children from the dysfunctional family. These are methods and goals which can be used by anybody having contact with children. They are especially helpful for educational sessions, support groups, and individual counseling with these children.

1. Let the children know that they are not alone. Let them know that there are other kids among their friends who are having the same problem and who are just as scared and confused.

2. Let them know that what is happening at home is not their fault. They cannot be allowed to accept responsibility for another's disease. Too often these children are told that if they would be better, the chemically dependent person's behavior would be better. In fact, this leads to confusion because they will try very hard to be better, but the chemically dependent person's behavior will actually get worse. In reality, there is no connection between their behavior and the disease process of the chemical dependency.

3. Let them know that their reactions, feelings of anger and fear, and confusion are appropriate and that they are not "crazy" or imagining things. The chemically dependent person and others in the family will deny the reality and severity of the child's perceptions. They will deny that certain things ever took place and will be inconsistent in their behavior. The children need help in sorting this out. They need to learn that their perceptions are correct, and they need to come to terms with their abhorrence for the chemically dependent person's behavior and their love for that person.

4. Explain that chemical dependency is a disease which causes people to act in strange ways. They do not act the way they do because they

want to. They act this way because they cannot stop their addiction without help.

5. Help them to separate the addicted person from the addictive behavior. Help them to understand that parent's addictive behavior is not a sign that the parent does not love them. Children should be asked to try to remember, if they can, what it was like before their parents started drinking heavily.

6. Tell them this disease is treatable and that people can get help.

7. Let them know they need to take care of themselves, first of all by understanding their role in their family and by stopping behavior which enables their parents to continue drinking or using drugs. Introduce them to whatever you know is available for self-help, such as ALANON, ALATEEN, or a community or school group.

8. Urge them to start doing positive things for themselves. Sometimes contracts with the students are used to achieve this goal.

9. Help them deal with their anger at the non-alcoholic parent for not protecting them and not making things better.

10. Help them to understand that getting away from home will not necessarily solve their problems. Let them know of the high risk they have of becoming chemically dependent themselves, marrying a chemically dependent person, or of rearing chemically dependent children themselves.

11. Use any means possible to help raise their self-esteem. Because dealing with these children is such a painful and frustrating endeavor, some educators have been reluctant to get involved with their problems. Once professionals truly understand the great needs of these children, most administrators and teachers will become highly invested in helping them.

PRACTICAL SUGGESTIONS

The hero or the perfect child is always volunteering, is very responsible, has an insatiable need for attention and approval, and is often parental or bossy in his relations with other children. He is greatly disappointed when losing, superior or snobbish when winning, and is frequently a "teacher's pet."

DO: Give attention at times when the child is not achieving. Validate the child's intrinsic worth, and try to separate his feelings of self-worth from achievements.

DON'T: Let the child monopolize conversations or always be the first to answer a question or to volunteer. Let the child validate his self-worth only by achieving.

The rebel or scapegoat tends to blame others, makes strong peer alliances, and is often disciplined by teachers or principals for breaking rules. The rebel tends to talk back, neglect work, and can be very frustrating to work with.

DO: Let the child know when behavior is inappropriate. Give the child strokes whenever he takes responsibility for something. Attempt to develop empathy for the child; this prevents adults from being angry or getting defensive. Set limits. Give clear explanations of the child's responsibilities and specific choices and consequences. Help the student understand that his behavior is his responsibility--that he is in control. Use reminder phrases such as "Who is in control right now?" Consistently follow through with all consequences.

DON'T: Feel sorry for the student. Treat the child as special and give him more power. Agree with the child's complaints about other students or adults. Take the child's behavior personally or as a sign of one's own incompetence as a teacher, counselor, etc.

The lost child or the withdrawn child often gets lost in the shuffle. Teachers and other adults sometimes cannot remember the child's name because he is so quiet and is seldom a behavior problem. He tends to have few if any friends and likes to work alone in school, often in very creative though non-verbal ways. Other students either leave him alone or tend to tease him about never getting involved.

DO: Take an inventory. If there are names that cannot be recalled consistently, these may be lonely, lost children. Try some contact on a one-to-one basis. Find out who they are. Point out and encourage the child's strengths, talents, and creativity. Try to pick up on their personal interests and often they will begin to talk. Use touch slowly. Help the child build a relationship. There will usually be one child they will be draw to in the class. Encourage working in small groups, two's and three's, to build trust and confidence.

DON'T: Let the child off-the-hook by allowing him to remain silent or never calling on the child. Let other kids take care of the child by talking and answering for him.

The clown or mascot tends to be funny or distracting and gets attention frequently. This child likes to hide, make faces, pull the chair out from someone else, stick chalk in the erasers, and otherwise act out.

DO: Feel that it is all right to get appropriately angry at the class clown's behavior. Try to give the child a job in the class with some importance and responsibility. Hold him accountable. Encourage responsible behavior. Encourage appropriate sense of humor. Insist on eye contact.

DON'T: Try to "laugh with" the class clown. He will not understand it. Forget the clown's underlying fear. Forget the underlying depression this behavior often masks.

TREATMENT OF CHEMICAL DEPENDENCY

Chemically dependent individuals seldom recognize their need for treatment unless someone helps them realize it in a way they can accept. The individual's desire to get well and access to treatment are the important factors in recovering from chemical dependency.

TREATMENT FOR THE ALCOHOLIC

(From *Decisions About Alcohol and Other Drugs*.)

A few alcoholics may be able to stop drinking on their own sheer will power, but it may be difficult for them not to drink and to feel comfortable. People who are alcoholics usually need help from others if they are to stop drinking. The help may come from many different sources ranging from detoxification to aftercare programs.

Alcoholics may seek assistance from a church or clergy person to stop drinking; others may have a special friend who knows about alcoholism and who can help them. Some alcoholics may attend meetings of Alcoholics Anonymous (AA).

AA, which started in the 1930s, was the first successful program that helped many alcoholics to become and stay sober. AA meetings are attended by alcoholics who are not drinking ("recovering alcoholics"). The meetings consist of discussions on how to adjust to life without alcohol. Time may be spent discussing the "Twelve Steps," which are guidelines to follow to stay sober, be comfortable while not drinking, and to help others who have drinking problems.

In the last 20 to 25 years, specialized alcoholism treatment programs have been established. These programs usually work closely with AA groups, and while many alcoholics sober up by going directly to AA, many go through treatment programs first and then to AA (or other types of self-help groups).

There are many different types of treatment programs; selection of the appropriate one depends on the type person the alcoholic is, how severe the alcoholism has become, and how many resources (family, friends, job) the alcoholic has retained. Generally, the further along a person is in terms of advanced alcoholism and the fewer the available resources, the more treatment programs they need and the longer the time period necessary for treatment.

One way to look at the different types of treatment is to talk about a "Continuum of Services." A "Continuum of Services" puts treatment programs on a scale, going from most intense on one end to least intense on the other end. Examples of treatment programs, from the most intense to least are listed below. Although alcoholism is mentioned here, treatment programs also include programs for all types of chemical dependency.

DETOXIFICATION PROGRAMS

These programs may be located in a hospital or a non-hospital, home-like setting. The purpose is to get the person sober and to motivate him/her to go to further treatment. a person usually stays in such a program 3 to 5 days. Most alcoholics do not need to be in a hospital to detoxify from alcohol; a warm, comforting, supporting atmosphere is usually enough.

IN-PATIENT OR QUARTERWAY PROGRAMS

These programs are very intense and usually last from 28 to 45 days. The alcoholic usually stays in the program 24 hours a day, 7 days a week (some programs may allow passes and weekend home visits). The purpose is to take the alcoholics out of the drinking environment and to provide intense treatment for him/ her. The treatment consists of individual therapy, group therapy, attending lectures, writings, and reading about alcoholism and often studying about and preparing to enter AA or other long-term helping groups. This type of treatment is effective because it provides the alcoholic with specialized counseling, and time in a setting in which alcohol and drugs are not permitted.

HALF-WAY HOUSE PROGRAMS

These programs help the alcoholic prepare to live independently and are usually for people who have just completed a quarterway or in-patient program. They are typically large homes in residential neighborhoods and usually have room for 8 to 20 people. People live there for about 3 months and are expected to be working full-time or going to school. The residents are expected to pay for their room and board, attend individual and group therapy weekly, attend outside meetings (usually AA), and to accept increasing amounts of responsibility. Professional counselors work in half-way houses to help residents. Half-way houses are particularly effective for people whose family situations are not good or who need to acquire friends or need the stability and continued therapy available at a half-way house.

THREE-QUARTERWAY HOUSES

The programs are similar to half-way houses except they are less structured. They are self-governing (the residents make up the rules) and there are no full-time professional counselors. Some residents may have come from a half-way house. Each resident pays his/her share of expenses. Residents usually stay for 3 to 6 months. The main benefit in this type of program is the support from the other recovering alcoholics living in the house.

PARTIAL CARE PROGRAMS

These programs are very similar to in-patient or quarterway programs, except the person does not stay overnight at the program. The program usually lasts 5 days (or evenings) per week, 3 to 8 hours per day. Partial care is an excellent type of treatment for people who need to continue to work during treatment and/or have a supportive home situation. This type of treatment usually lasts 28 to 45 days.

OUT-PATIENT PROGRAMS

These programs may have the alcoholic visit once or twice a week for an hour or two. The person may see a counselor individually or be part of a therapy group. This type of program is appropriate for people who have good family situations, cannot leave their job, have less severe drinking problems and are highly motivated. This type of program usually lasts from a few weeks to many months.

AFTERCARE PROGRAMS

These programs exist because alcoholics, after going through other treatment(s), often need to continue to see a counselor occasionally for support. Aftercare may be a part of other types of treatments and have the person coming back once a week or more. It may also be provided by a separate agency which helps people who have completed treatment programs elsewhere. Aftercare may last a year or more and is often done at the same time the alcoholic is attending AA meetings.

Ideally, every area of the state would have all of these programs available so any person could use as many as he/she needed. Unfortunately, this is not so. Sometimes only an out-patient program is available and the alcoholic must leave his/ her home temporarily to receive other needed services. Not every alcoholic needs to go through each of the mentioned treatments. Some may need only out-patient and AA, while others may need additional services.

Because alcoholism is an illness that can seriously affect other members of the alcoholic's family, each type of treatment (except detoxification) usually offers counseling and therapy for the families of alcoholics. If the family receives some treatment along with the alcoholic, the chances are improved for better family life.

DRUGS AND PREGNANCY

During gestation 92% of pregnant women have at least one drug prescribed to them by their physicians. The fetus receives its oxygen and nourishment through the placenta. Substances, including drugs, also easily pass from the mother's blood to the developing fetus. Such absolute dependence upon the mother's circulation places the fetus at risk of any substance in her bloodstream.

A drug may influence the outcome of a pregnancy in three main ways:

1. Pre-Conception. A drug may alter the mother's body processes permanently, or have a permanent effect on either parent's genes.
2. Early Pregnancy. During the early stages of pregnancy, drugs may initiate deformities. The greatest danger of inducing malformations is in the first trimester (first three months) of pregnancy. Drug effects in the first month often act as an all-or-none phenomena (i.e., if a few cells are lost, a few others may replace them; if more than a critical number are lost, the embryo will die).

3. Mid to Late Pregnancy. Drug use may initiate the development of physical or mental retardation in the latter stages of pregnancy. After the completion of organ and skeletal development in the first trimester, the fetus is no longer susceptible to gross anatomical defects, but he or she does remain vulnerable to growth retardation and functional and behavioral abnormalities.

If drugs are used minimally during pregnancy, but relatively heavily on a day that is crucial to development, irreparable damage occurs. "Crucial days" include the day of conception. Withdrawal from the drug is another hazard of the mother's drug use for the newborn.

When a woman is pregnant, suspects she might be, or is trying to become pregnant, the physician needs to be informed regarding the drugs that she normally uses. Use of any kind of medication should be approved by a physician beforehand. Potentially harmful substances are available with or without a prescription and are often used to relieve illness or discomfort, or for pleasure. These substances come in many forms, including pills, liquids, salves, ointments, capsules, and medicinal sprays.

FETAL ALCOHOL SYNDROME

Doctors are now more aware that when an expectant mother drinks during pregnancy, the alcohol can affect her unborn child. If the mother drinks heavily, the child may be born with a recognizable pattern of physical and mental birth defects classified as Fetal Alcohol Syndrome (FAS). Throughout pregnancy, the fetus is susceptible to harm from alcohol. During the first trimester, alcohol may affect the cell membrane and cell migration, thus altering embryonic organization of tissue. Alcohol may also interfere with the metabolism of carbohydrates, lipids and proteins, thus retarding cell growth and cell division in each phase of pregnancy. During the third trimester, the brain is undergoing its most rapid growth and neurophysiologic organization. Alcohol use during this period is associated with smaller head size and reduced brain weight, thereby resulting in mental retardation.

Children born with FAS may exhibit four main categories of abnormalities:

1. CNS or central nervous system dysfunction - abnormal structure and function of the brain and spinal cord resulting in varying degrees of mental deficiency and/or developmental delay, including some cases of behavior problems such as short attention span, hyperactivity, and irritability;

2. Pre and postnatal growth deficiencies - exhibited by small heads, smaller heights and weights than normal babies. These children, even with the best of care are unable to compensate mentally or physically as they grow older;

3. Characteristic cluster of facial anomalies include short eye slits, thin upper lips, absence or near absence of ridges between nose and upper lid and eyelids;

4. Variable major and minor malformations - include heart defects, abnormalities of the joints and external genitalia, cleft palate.

Fetal Alcohol Syndrome is one of the leading causes of mental retardation. The average I.Q. of children with FAS is 65 even though there have been a few cases of I.Q.'s up to 100 and as low as 40. The brain weight of a normal newborn is approximately 400 grams while an FAS child's is approximately 140 grams. The average birth weight of a normal child is 7-7 1/2 pounds; an FAS child's average birth weight is 5-5 1/2 pounds. The birth length of a normal child is 34-35 centimeters; an FAS child's birth length is 31.5 centimeters and below.

Fetal Alcohol Syndrome does not appear to be bounded by ethnic, age or geographic lines. Reporting of FAS has been sketchy, and as doctors become more knowledgeable of FAS, reports will no doubt increase.

Doctors do not know how much alcohol can be consumed during pregnancy by the mother before it affects the unborn child. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), risk is established with ingestion above 3 ounces of absolute alcohol or 6 drinks per day. Between 1 and 3 ounces, there is uncertainty, but caution is recommended. Studies have also shown that even in mild or binge drinkers, there appears to be a greater incidence of FAS. The type of alcoholic beverage (beer, wine, and whisky) does not matter. NIAAA advises that alcohol consumption during pregnancy not exceed a limit of 2 one-ounce mixed drinks or 2 five-ounce glasses of wine or 2 twelve-ounce cans of beer a day. Other groups advise against any alcohol consumption during pregnancy because of the uncertainty concerning risk.

Legal intoxication is set at 100 mg. of alcohol per 100 ml. of blood level. This is referred to as Blood Alcohol Level (BAL). Often the BAL of the newborn has been found to be higher than that of the mother and stays higher for a longer period of time (e.g., newborn 150 mg./100 ml.; mother 98 mg./100 ml.). With high levels of blood alcohol, the baby will often evidence increased jitteriness and even seizures, in other words, withdrawal symptoms. Some infants have been born with an odor of alcohol on the breath and in the amniotic fluid.

DRUG USE DURING PREGNANCY

Drug	Effect on Fetus	Safe Use of Drug
Alcohol (Ethyl)	Daily drinking of more than two glasses of wine, beer, or mixed drinks can cause "Fetal Alcohol Syndrome." Babies tend to be low birth weight, mentally retarded, physically deformed, and have some behavioral problems. Even less than two drinks per day has been linked to some fetal alcohol effects.	There has been no safe level established. Should be avoided.
Amphetamines	May cause birth defects.	Only under physician's supervision.
Aspirin	During last 3 months of pregnancy frequent use may cause excessive bleeding at delivery and may prolong labor.	Only under physician's supervision.
Barbiturates	Mothers who have taken large doses may have babies who are addicted. Babies may have tremors, restlessness, and be irritable.	Only under physician's supervision.
Hallucinogens	Although the link between LSD and birth defects is inconclusive, there is some evidence to suggest that LSD increases risk of spontaneous abortion. As with all drugs, there is a question of purity as well.	Should be avoided.
Marijuana	The scientific findings of the use of marijuana during pregnancy and its effects on the fetus and newborn are still inconclusive. Research will continue on this very complicated question. Marijuana has been	Should be avoided.

Drug	Effect on Fetus	Safe Use of Drug
Marijuana (Continued)	associated with increased risk of spontaneous abortion but not all the facts are in. Until they are, it would be best to be cautious.	
Narcotics	Use may cause addiction in the fetus and therefore withdrawal symptoms. Administration of narcotics just before delivery may cause severe respiratory depression in the fetus.	Only under physician's supervision.
Nicotine	Heavy smoking can lead to low birth weight babies, which means that the baby may have more health problems. Especially harmful during the second half of pregnancy.	Should be avoided.
Vaccines	In general, live vaccines such as rubella, measles, mumps, smallpox, yellow fever, and live oral polio vaccines are not recommended for pregnant women since the effect on fetal development is unknown at this time. Killed or inactivated vaccines should be used only when clearly necessary.	Only under physician's supervision.

MAINTAINING A HEALTHY BODY

NUTRITION

Good nutrition is extremely important for maintaining good health. There are four basic food groups. A proper diet includes daily portions from each group. These groups are dairy products, grains, fruits and vegetables, and meat/protein. The following is a chart of common serving sizes for each group:

Milk:	Buttermilk, 1 cup
	Cheese, American, 1 oz.
	Cheese, Cheddar, 1 oz.
	Cheese, Cottage, 1/2 cup
	Cheese, Swiss, 1 oz.
	Cocoa, 3/4 cup
	Ice Cream, Vanilla, 1/2 cup
	Milk, 1 cup
	Milk, Chocolate, 1 cup
	Milk, Lowfat (2%), 1 cup
	Milk, Skim, 1 cup
	Milkshake, Chocolate, 1/2 cup
	Pudding, Chocolate, 1/2 cup
	Yogurt, Strawberry, 1 cup
Meat and Other Protein-rich foods	Bacon, 1/2 oz.
	Beans, Refried, 1/2 cup
	Beef, Roast, 3 oz.
	Beef. Liver, 3 oz.
	Bologna, 1 oz.
	Chicken, Fried, 3 oz.
	Egg, Fried, large
	Egg, Hard-cooked, large
	Egg, Scrambled, large
	Frankfurter, 2 oz.
	Ham, Baked, 3 oz.
	Meat Loaf, 3 oz.
	Meat Patty, 3 oz.
	Peanut Butter, 2 tbsp.
	Peanuts, Salted, 1/4 cup
	Peas, Blackeye, 1/2 cup
	Perch, Fried, 3 oz.
	Pork Chop, 3 oz.
	Sausage, 1 oz.
	T-Bone Steak, 3 1/3 oz.
	Tuna, 3 oz.
Vegetables/Fruit	Apple, medium
	Applesauce, 1/2 cup
	Apricots, Dried, 4 halves
	Asparagus, 4 spears, 1/2 cup
	Banana, medium
	Beans, Green, 1/2 cup

Vegetables/Fruit
(Continued)

- Beans, Lima, 1/2 cup
- Beets, 1/2 cup
- Broccoli, stalk, 1/2 cup
- Cabbage, 1/6 head, 1/2 cup
- Cantaloupe, 1/4 medium
- Carrots, 1/2 cup
- Carrot Sticks
- Cauliflower, 1/2 cup
- Celery Sticks
- Coleslaw, 1/2 cup
- Corn, 1/2 cup
- Corn, ear
- Fruit Salad, 1/2 cup fruit
- Grapefruit, 1/2 medium
- Grapes, 1/2 cup
- Greens, 1/2 cup
- Lettuce, 1/6 head, 1/2 cup
- Lettuce Leaves, 2 large
- Okra, 4 pods, 1/2 cup
- Onions, 1/2 cup
- Orange, medium
- Orange Juice, 1/2 cup
- Peaches, 1/2 cup
- Pear, medium
- Peas, Blackeye (see Meat)
- Peas, Green, 1/2 cup
- Pineapple, large slice
- Potato, Baked, large
- Potatoes, Boiled, 2 small
- Potatoes, French-Fried, 20 pieces
- Potatoes, Mashed, 1/2 cup
- Potato, Sweet, 1/2 medium
- Prunes, Stewed, 4 medium, 2 tbsp. juice
- Raisins, 4 1/2 tbsp.
- Squash, Summer, 1/2 cup
- Squash, Winter, 1/2 medium, 1/2 cup
- Strawberries, 1/2 cup
- Tomato, 1/2 cup
- Tomato Juice, 1/2 cup
- Tossed Salad, 3/4 cup
- Watermelon, 1 cup

Bread/Cereal

- Bagel, 1 whole
- Biscuit, Baking Powder, 1 whole
- Bread, White, 1 slice
- Bread, Whole Wheat, 1 slice
- Cornbread, 1 slice or stick
- Corn Flakes, 3/4 cup
- Crackers, Graham, 2
- Crackers, Saltine, 5
- Hamburger bun, 1/2 bun
- Hominy Grits, 1/2 cup
- Noodles, Egg, 1/2 cup
- Oatmeal, 1/2 cup
- Pancakes, 2

Bread/Cereal (Continued)	Rice, 1/2 cup Hard Roll, 1 Toast, White, 1 slice Tortilla, Corn, 1 Waffles, 2

By eating the correct amounts of foods from the four food groups, we can provide the body with all the basic nutrients it needs in order to function effectively. The nutrients needed by the body include:

Protein	Builds and repairs body tissues. Helps form antibodies to fight infection. Is a part of hormones and enzymes that help with digestion and growth.
Sources:	Eggs, fish, chicken, meat
Fat	Supplies a lot of energy in small amount of food. Needed for healthy skin.
Sources:	Butter, avocado, oil
Carbohydrate	Supplies energy. Helps body use nutrients.
Sources:	Sugar, bread, potato
Calcium	Helps build strong bones and teeth. Helps blood clot. Helps muscles and nerves work normally.
Sources:	Cheese, milk
Phosphorus	Helps build strong bones and teeth. Needed by some enzymes which help change food to energy.
Sources:	Chicken, eggs, beans, fish
Iron	Combines with protein to make hemoglobin, the red substance in blood that carries oxygen from lungs to cells.
Sources:	Spinach, liver
Iodine	Needed for proper working of thyroid gland.
Sources:	Salt, fish, seafood

Riboflavin	Helps cells use oxygen. Helps maintain good vision. Needed for smooth skin.
Sources:	yeast, milk
Vitamin C	Helps bind cells together. Strengthens walls of blood vessels. Needed for healthy gums. Helps body resist infection.
Sources:	oranges, lemons, grapefruit
Vitamin A	Helps keep skin healthy. Prevents night blindness. Helps body resist infection.
Sources:	Carrots
Vitamin D	Helps body absorb calcium and phosphorus.
Sources:	Sunshine, butter

EXERCISE

Physical fitness is also very important to good health. Exercise gives the body energy to carry out daily activities. During exercise, our lungs and heart work harder. Increased breathing takes more oxygen into our bodies. The blood carries this extra oxygen to muscles to enable them to work harder.

Regular strenuous exercise will result in added strength, suppleness, and stamina. Lifting, carrying, reaching, and bending make the body work harder. As the body works, it builds new tissues and muscles and becomes stronger. Reaching and bending also help the muscles increase their flexibility or suppleness. Aerobic exercises such as walking, running, and jumping make the whole body work harder. As the heart pumps more blood and the lungs take in more oxygen, they become stronger and thus increase the body's stamina.

In addition to building strength, suppleness, and stamina, exercise relieves stress and helps the individual to relax. Stress puts an extra work load on the body just like exercise does. Under stress, our hearts and lungs work harder and faster, carrying extra food and oxygen to the muscles so they can work harder. Regular exercise helps prepare the body for coping with stress by making the body stronger. Following a period of strenuous exercise, the body tends to relax. Therefore, one excellent method of coping with stress is to engage in some form of regular exercise.

REST

Sleep is another important factor in maintaining a healthy body. After working and playing hard, sleep allows the body to renew itself. Many things make one tired including inactivity, exercise, mental exercise, and lack of sleep. When tired, it is extremely important to give the body the rest it needs.

Exercise plays an important role in sleeping patterns. Failure to get adequate exercise can actually make one tired. Engaging in regular exercise not only produces more energy, but it also helps the body relax so it can get the sleep it needs.

TEACHING STRATEGIES

THE TEACHER'S ROLE

When the primary goal of a curriculum is the development of attitudes and inner abilities, the teacher becomes more a teacher of people than a teacher of a subject, more a facilitator of learning than an imparter of information. It is far more important to build a climate of trust in which students can feel free to share real experiences and feelings without fear of censure than it is to "have all the answers."

The book Doing Drug Education, The Role of the School Teacher* lists a number of attitudes and skills that the teacher can cultivate in order to successfully conduct such a drug education program. Some of the valuable tips are presented here:

- Believe that students should play a part in designing their learning experiences.
- Use feedback from students to modify your own teaching and interaction with students.
- Recognize learning experiences in the community that would make a valuable contribution to the program.
- Admit when you do not know an answer.
- Refer counseling problems beyond your competence to appropriate resources.
- Examine your own personal values and attitudes and be sensitive to their influences.
- Recognize that your own personal alternatives to drug use (e.g. religion) might not be acceptable to the student.
- Convey personal attitudes toward alcohol and other drugs in a nonauthoritarian, nonlecturing manner.
- Raise questions with students that allow them to consider alternative positions.
- Accept reactions from students who may disagree with your position.
- Believe in the right of students to maintain differences that do not interfere with other members of the class.
- Express interest in current issues, trends, and use patterns related to drugs.
- Design and conduct classroom activities (e.g. role playing, group discussion) that give students the opportunity to develop and examine various ways of handling drug use issues.
- Respect the student's right to self-determination.
- Recognize that family behavior and cultural mores may differ, and that what is "right" for one student may not be right for all.
- Provide emotional support to students who disclose personal drug abuse problems or problems with family and friends.
- Involve parents, appropriate school personnel, and community representatives in the drug education program.

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*Doing Drug Education, The Role of the School Teacher, National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857, 1975, 1980.

- Promote parent-community confidence in the school's drug education program.

In using and adopting activities from this curriculum, teachers should keep two additional thoughts in mind:

1. Select and sequence activities to meet students' real needs.
2. Evaluate the success of the program in meeting students' needs, and apply results of the evaluation to future sessions.

The rest of this section will suggest some specific strategies and techniques that teachers may find helpful in doing this kind of substance abuse prevention education.

FACILITATION TECHNIQUES

As indicated in the previous section, it is important to allow students the opportunity to express their attitudes, beliefs, and feelings concerning drugs. It is also important to determine what students know and do not know concerning these topics. Once this is established you will want to provide the necessary information and allow these student the opportunity to combine the new knowledge with what they already know or believe.

Teaching in this program is a balance between providing the necessary information to students and allowing students to utilize the information in a variety of ways designed to increase their understanding and perhaps modify their behavior. Additionally, the teacher is the person who makes the final decisions concerning the sequence of learning activities as well as the nature of the activities.

As has been indicated in the materials available to students (e.g. handouts and student/teacher directed information giving sessions) direct teaching is needed. Direct teaching is any activity in which the student is the recipient of information. Using appropriate lecture-recitation techniques and other information-giving processes requires skills that most teachers already have and will not be elaborated upon. It should be repeated, however, that the curriculum developers strongly feel that it is the interaction of direct teaching (e.g. lectures, films, readings, and field trips) with the use of indirect teaching models and methods, that makes for the best curriculum and instruction strategy. Therefore, it is for the indirect teaching methods most appropriate for use with this substance abuse prevention curriculum that we wish to offer suggestions.

SELF-ESTEEM SKILLS

FACILITATION OF COMMUNICATION SKILLS

The communication skills you teach the children are exactly those that are most helpful in nurturing the development of a positive self-concept. Practice those communication skills with the children. Look over these suggestions as a checklist periodically to evaluate yourself.

Listening:

- Are you using feedback listening when children come to you to tell about a problem or anything important to them?
- Are you guessing their feelings when they talk to you? Have you checked to see whether your guesses are correct?

Nonverbal messages:

- Do you look harrassed when a child addresses you for the seventh time in an hour? How can you handle that directly?
- Do not depend on nonverbal messages to get children to change their behavior. Tell them what you want.
- Do you smile?
- Are you aloof when speaking?
- Do you fold your arms in front of you or look open and inviting?
- Is you nonverbal listening style telling the children you do not want to listen?

Responses:

- Do you directly express your feelings and wants to them - negative or positive?
- What do the children in the class know about you? Give them time to ask you questions. It gives them the feeling that you like them and are willing to share yourself.
- Be a model for self-disclosure in class discussions. Show that you like to share yourself with them and that you expect the right to keep some things private. Honor their rights to privacy.
- Think about what words of encouragement you gave today. Could you have added any?
- How do you limit or encourage self-direction and independence? Verbally? Nonverbally?
- Think about discipline. Can you replace "You are...," and "Stay afte school," with "I want..."?
- Make a list of positive words you can use to compliment or give praise. Use those words often.

Nice!
Good point!
Sharp!
That's great!
Wow!
Neat work!
Excellent work!
Congratulations!
Very creative!
Good for you!
You are on the right track.
I am very proud of the way you worked today.
I appreciate your working at this.

Very good!
For sure!
A very good observation.
Thank you for trying.
Marvelous!
That's clever.
That's quite an improvement.
Beautiful!
Keep up the good work.
That's right!
Very good. Why don't you show the class?

Right on!
Super!
Much better!
Terrific!
Good job!
I like the way you're working.
You are right!
Very interesting!
I like the way ___ is working.
You really outdid yourself.
Impressive!
That is an excellent observation.

It looks like you put a lot into this.
Keep it up.
That's a super-smile paper.
That is an interesting way of looking at it.
Superior!
I'm glad you raised your hand.
Good thinking!
Now you have it figured out.
I am impressed.
This is the best work I have seen from you.
That is an unusual way of tackling it.
Now you have the hang of it.
It is a pleasure to teach when you work like this.

Think about the goals of your communications. Communication styles can be appropriate or inappropriate in view of your goals in a relationship. Some communication styles are more appropriate than others if you view the teaching role as the role of facilitator - helping children to become independent learners by giving them skills, information, a role model, an atmosphere conducive to learning, etc.

Commanding: In commanding communication, we order children to do things as we say, threatening punishment if we are questioned or disagreed with. The problem with this style is that it eventually leads to sneaky, rebellious behavior in most children. It does not encourage independent learning and creative thinking.

Preaching: In preaching communication, we try to teach by platitudes and cliches. You can recognize preaching communications when you hear words like should, always, never, and ought. Children get the feeling they are one of a number and not an individual with unique feelings and needs. Since most people want to be treated as individuals, they will usually "turn off" and "tune out" after a few months of preaching.

Advice giving: Unlike the commander the advice giver tells children what to do in a kind way, but this style also discourages independent learning and creative thinking.

Facilitating: The teacher who uses this style lets the child know his interest and caring both verbally and nonverbally. He uses feedback listening to let the child know he is listening, that he cares, and to help the child clarify his feelings. He directly states his feelings, wants, and opinions and shows respect for those of the child.

INDIRECT TEACHING MODELS

Indirect teaching models, by definition, are teaching techniques utilized by a teacher with his or her students that allow students to utilize information in a variety of ways. It allows students to interact with the data that is set forth, and to internalize and formulate some types of opinions and judgments about the data or problems being taught. Many times, indirect teaching deals with pupil affect, that is feelings and attitudes, rather than only intellectual or cognitive notions. Another definition is that indirect teaching allows students to discover how to relate their feelings with the new information being taught. Remember, it is the blending of these indirect teaching models with the direct teaching techniques that make for the strongest program.

Below are listed words used to describe a variety of feelings. This list will be helpful as the teacher encourages students to explore feelings.

"Feeling Words"

Happy	Sad	Angry	Scared	Confused
Joyful	Depressed	Annoyed	Worried	Bewildered
Keyed-up	Downcast	Furious	Terrified	Trapped
Thrilled	Disappointed	Irritated	Trembly	Troubled
Hyper	Gloomy	Enraged	Cowardly	Spaced-out
Pleased	Lost	Offended	Uneasy	Lost
Excited	Quiet	Irate	Embarrassed	Out-of-it
Cheerful	Hurt	Bitter	Nervous	Disorganized
Comfortable	Dark	Teed-off	Uptight	Foggy
Ecstatic	Left-out	Boiling	Insecure	Misplaced
Light-hearted	Cheerless	Seething	Anxious	Mixed-up
Fired-up	Dejected	Upset	Petrified	Unsure
Sparkling	Dreary	Mad	Jittery	Puzzled
Delighted	Hopeless	Agitated	Afraid	Bothered
Joking	Empty	Hot		Uncomfortable
Good	Sorrowful	Touchy		Undecided
Warm	Out-of-sorts	Disgusted		
Relieved	Crushed	Put out		
Silly	Discontented	Uptight		
Contented	Heart-broken	Dismayed		
Glad	Down	Jealous		
Satisfied	Upset	Frustrated		
Fine	Blue			

COPING SKILLS

PEER PRESSURE

Everyone, no matter how old they are, cares what other people think and wants to fit in with the people they know, especially their friends. When children or adolescents start to feel independent, the influence of people about their age - their peers - is especially powerful and can affect the way they feel, act, dress, and behave. This influence is called peer pressure.

The pressure felt to go along with the crowd can be either good or bad. A good influence might lead to playing sports, joining a club, or doing well in a particular class; a bad influence is one that would encourage smoking cigarettes, skipping school, or shoplifting.

When friends exert pressure to do something, saying no can be especially hard because people want to be liked and considered part of the group. Sometimes going against friends will make them angry or make the person feel alone. It may seem risky to say no, even about a little thing. Most people, however, admire others who make up their own minds and stand up for themselves. Real friends are the ones who most of all want others to be themselves, including the choice not to use drugs.

Every day we have to make decisions. For example, to decide what to wear, when to do work, and which TV program to watch. Some decisions are more important than others. Decisions say a lot about what's important to us and what kind of person we are. Encourage students, when unsure, to try talking to someone trustworthy: parents, another adult who cares, or maybe a close friend who doesn't use drugs. If students make up their own minds, they won't give someone else a chance to make up their minds for them.

Making decisions about using alcohol and other drugs will be easier if students are familiar with the pressures that tempt them to try alcohol or other drugs. When pressured to do drugs, people are really saying, "Don't think for yourself, just do what we do." Being independent means making your own decisions. Knowing the facts and the risks that go along with drug taking, will make decisions to abstain easier. Remember, it only takes one good reason to say no.

Most kids are introduced to alcohol and other drugs by their friends, brothers, sisters, and acquaintances: their peers. These people exert pressure in obvious ways or in ways not even noticed. Someone may threaten or tease or tell reasons why others should use alcohol or other drugs. Sometimes the least obvious kinds of pressure can be the most powerful because they may result in feeling as if you are making your own decision when you are not. For example, a student may be at a party where people are passing a joint; and even though no one asks him/her to smoke, he/she may feel pressured to join in. If students are aware of the "unseen" pressures, along with the obvious ones, they can do a better job of saying no.

ASSERTIVE BEHAVIOR

IS: Behavior which enables you to act in your best interests, to stand up for yourself without undue anxiety, to exercise your rights without denying the rights of others. (We're not talking about stepping on other people.)

IS: Direct, honest appropriate expression of one's feelings, opinions, or beliefs. Includes consideration, but not deference, for other people. Communicates respect for the other person, but not necessarily the other person's behavior.

IS NOT: Aggressive behavior; i.e., it does not violate the rights of others. The purpose of aggressive behavior is to dominate, humiliate, or put down the other person, rather than simply to express one's honest emotions or thoughts. Example: Letting someone know you are angry at the time the feeling occurs is assertive. Making the other person responsible for your feelings of anger or degrading the other person because you feel angry is aggressive.

IS NOT: Behavior which allows your rights to be violated in either of two ways:

1. Situations where you are taken advantage of by not saying "no".
2. Situations where you don't assert your needs. Honest reactions are thus inhibited, and persons typically feel hurt, anxious, and sometimes angry - frequently sending double messages.

This type of nonassertive behavior can be a subtle form of manipulation - i.e., person abdicates rights to influence certain kinds of behavior from the other person ("Unspoken Bargain"). These kinds of bargains are seldom explicitly stated and the other person usually fails to fill the unspoken bargain and generally takes self-sacrifice for granted. The payoff for the nonasserter is that it enables her or him to avoid potentially unpleasant conflicts; however, unpleasant consequences such as hurt feelings and lowered self-esteem are likely.

Sometimes people decide not to be assertive because they fear:

The other person might...

not like me anymore
get mad
be sarcastic
tease me about it
do something to get revenge
get sick
feel hurt
feel betrayed
tell me I should have said something sooner
fire me
embarrass me.

I might...

cry
lose my femininity (masculinity)
feel guilty
lose control of myself
learn something unpleasant.

Instead, assertive behavior allows the individual to:

Get needs satisfied more than with nonassertive behavior.
Increase self-respect.
Reduce need of others' approval.
Gain more control over self in interpersonal situations.
Reduce social anxiety.
Develop communication which can result in closer friends, more intimate relationships and better jobs.

Assertive behavior consists of the content of your response, or what you say, as well as how you respond - your nonverbal behavior. The following explains both the verbal (content) and nonverbal (eye contact, body posture, vocal tone) factors of assertive behavior.

A. Verbal factors

1. Content

a. in any assertive behavior, some specific goal is involved.

    1. to establish a relationship with someone you want to know, or to change or end a relationship.
    2. to express your feelings, beliefs, or opinions.
    3. to state an objection or point of view in opposition to another.
    4. to set limits for another person in regard to what can be expected or demanded of you.
    5. to obtain something you want.

  b. usually there are three basic components in the content of assertive behavior:
    1. recognition of the other person's feelings and rights (implicit or explicit) - "I realize you like such and such..."
    2. expression of own feelings or rights - "however, I like so and so..."
    3. description of desired action - "therefore, let's..."

2. Ten types of assertive responses

  a. Assertive Talk. Do not let others take advantage of you. Demand your rights. Insist upon being treated with fairness and justice. Examples: "I was here first." "I'd like more coffee, please." "Excuse me, but I have another appointment." "Please turn down the radio." "This steak is well-done and I ordered it medium-rare."

  b. Feeling Talk. Express your likes and dislikes spontaneously. Be open and frank about your feelings. Do not bottle up emotions. Answer questions honestly. Examples: "What a marvelous shirt!" "I'm tired!" "Since you ask, I much prefer you in another type of outfit."

  c. Greeting Talk. Be outgoing and friendly with people whom you would like to know better. Do not avoid people because of shyness, because you do not know what to say. Smile brightly at people. Look and sound pleased to see them. Examples: "Hi, how are you?" "Hello, I haven't seen you in months." "What are you doing with yourself these days?" "How do you like working at ______?" "Taking any good courses?" "What's been happening with so and so?"

  d. Disagreeing Passively and Actively. When you disagree with someone do not feign agreement for the sake of "keeping the peace" by smiling, nodding, or paying close attention. Change the topic. Look away. Disagree actively and emotionally when you are sure of your ground.

  e. Asking Why. When you are asked to do something that does not sound reasonable by a person in power or authority, ask why you should do it. Request explanations from teachers, relatives and other authority figures that are convincing. Have it understood that you will live up to voluntary commitments and be open to reasonable suggestions, but that you are not to be ordered about at anyone's whim.

f. Talking About Oneself. When you have done something worthwhile or interesting, let others know about it. Let people know how you feel about things. Relate your experiences. Do not monopolize conversations, but do not be afraid to bring them around to yourself when it is appropriate.

g. Agreeing with Compliments. Do not depreciate yourself or become flustered when someone compliments you with sincerity. At the very least, offer an equally sincere "thank you." Or reward the complimentor by saying, "That's an awfully nice thing to say. I appreciate it." In other words, reward rather than punish others for complimenting you. When appropriate, extend compliments. For example, if someone says, "What a beautiful sweater!" respond, "Isn't it a lovely color? I have a hard time finding it."

h. Avoiding Trying to Justify Opinions. Be reasonable in discussions, but when someone goes out of his way to dominate a social interaction by taking issue with any comments you offer, say something like, "Are you always so disagreeable?" or "I have no time to waste arguing with you." "You seem to have a great deal invested in being right regardless of what you say, don't you?"

i. Looking People in the Eye. Do not avoid the game of others. When you argue, express an opinion, or greet a person, look him directly in the eye.

j. Saying No. When a request is unreasonable, when you feel your rights are being denied or when you feel you are being taken for granted, say "NO" and persist in your no. Offer other suggestions of other places the request might be met. Offer an explanation, but don't explain to the point of defensiveness. Examples: "No, I need to study right now." "I realize that this is an important cause and I certainly wish you the best of luck in getting volunteers, but I'm sorry that I must say no."

B. Nonverbal factors

1. Eye contact and facial expression

   a. the other person is more likely to respond to you if you look him or her in the eye (may take practice).
   b. appropriate expression lends credibility to assertion.

2. Body posture and movement

   a. the more relaxed you are, the more comfortable you'll feel asserting and the more successful you'll be.
   b. turning away from the other person conveys a mixed message.
   c. lowering the head conveys a mixed message.
   d. appropriate hand gestures lend credibility.

3. Vocal tone and quality

a. fluid, rhythmic statement conveys more confidence than low, haltering voice.

ASSERTIVE, AGGRESSIVE, AND PASSIVE BEHAVIOR

People often equate assertive behavior with aggressive behavior, but they are quite different. The following briefly differentiates assertive, aggressive, and passive behavior.

Assertiveness - The message is: "This is how I think and how I feel;" or "This is what I want or what I need." The goal is communication, not domination. The key is to be honest, to get what you want and need without violating others' rights or hurting them. Positive consequences include problem resolution, improved relationships, reduction of anxiety and anger, and improved self-esteem.

Passivity (nonassertive behavior) - Involves violating your own rights (or letting others take advantage of you) by not expressing feelings, thoughts, and beliefs honestly. Often the analogy of "being like a little mouse" helps people remember behaviors associated with passivity. Also adjectives such as shy, meek, timid help get the point across. The message is "I don't count. You can take advantage of me." Nonverbals include poor eye contact, not speaking up, nervous gestures. Negative consequences can include loss of self-respect, others taking advantage of you, holding in negative emotions and then blowing up, psychosomatic problems (e.g. headaches, ulcers, "nervous breakdowns") and substance abuse as a means of avoiding difficult situations or escaping negative emotions.

Aggressiveness - Involves overpowering, humiliating, degrading, and threatening. The message is "What I want is all that matters. You don't count. This is what I think, and you are stupid for disagreeing." The goal is to get what you want no matter who you hurt in the meantime. Nonverbals include staring, sarcasm, shouting, pointing a finger. Negative consequences include "getting worked up physically," losing friends, making enemies, making others want revenge, feeling guilty about taking advantage of others, and possibly getting into fights.

The following chart summarizes non-verbal communication factors that differentiate assertive, passive, and aggressive responses.

	NONASSERTIVENESS	ASSERTIVENESS	AGGRESSIVENESS
Posture:	Slouching Head hanging	Head up Back straight	Nose in the air Leaning forward into other's space
Gestures:	Wringing hands Scratching face Twisting hair Biting pen	Natural hand movements	Pounding fist Shaking finger Pointing
Voice Tone:	Soft	Firm, audible	Shouting
Eye Contact:	Avoiding eye contact	Eye contact with short breaks	Staring
Facial Expressions:	Constant smile Biting lip	Pleasant Smiling from time to time Serious when conversation is serious	Threatening Scornful

ROLE PLAYING

Another interactive teaching model is role playing. The purposes of role playing are many and a teacher must consider both students and desired outcomes prior to using this technique. There are nine basic phases or steps to be considered when putting together a role playing situation. Completion of these nine steps assures a sound role playing experience for the students. The steps are:

1. Warm up the group. Identify or introduce the problem, make the problem explicit, interpret the problem story and explore the issues, and be sure to explain role playing if students have not been involved prior to this.

2. Select participants. Analyze the roles and select participants accordingly. Teachers may ask for volunteers, may use chance (e.g. have roles on cards and distribute randomly), or may choose certain persons for certain roles. Normally shy or nonverbal students may emerge as good role players because they are playing a role and they can come out from under their shells. It cannot be stressed enough that role selection and participation are critical decision-making activities on the part of the teacher.

3. Set the stage. Set the action line, restate the roles, get inside the problem situation with the selected role players.

4. Prepare the observers. Role playing should not be done without observers, and the observers should have specific instructions as to what to look for.

5. Enact the role play. The teacher should observe and take mental notes in order to help in the analysis.

6. Discuss and evaluate. Review the action of the role play (events, positions taken, realism). Discuss the major focus. Be sure to call on the observers and their observation reports. Develop the possibilities and variables that might change if a part of the role play was changed, discuss the consequences, change the role players (you might have different students assigned) and remind the observers of their tasks.

7. Reenactment: play the revised roles, have observers note differences and similarities.

8. Discuss and evaluate as in phase 6.

9. Share experiences and generalize: relate the problem situation to real experiences and current problems and also explore general principles of behavior.

In role playing, the situation is moderately structured. The teacher is responsible for initiating the steps and guiding students through the activities within each step. The particular content of the discussions and enactments is determined largely by the students. Other teacher behaviors connected with this method include accepting all student responses in a nonevaluative manner; helping students' awareness of their own views and feelings by reflecting, summarizing and paraphrasing their responses; helping students explore various sides of the problem situation and compare alternative views; and emphasizing that there are alternative ways to resolve a problem. Role playing is an experience-based model and requires minimal support material outside of the initial problem situation. Several situations adapted from scenarios, for which the role playing model can be used will be found in this curriculum.

Role playing/simulation exercises offer an opportunity for a unique learning experience. One can learn what it is like to be someone else. One can live a make-believe experience and enjoy the luxury of not having to be afraid of being less than a complete success, since it is only a make-believe experience. The role player can reap many of the benefits of the school of hard knocks without ever having to matriculate in such a harsh and unforgiving institution.

In a role playing situation, one can choose a role that is a reversal of one's real life situation. The parent can be the child; the student can be the teacher; the liberal can be the conservative; the black can be the white. In a role reversal, one tries to crawl inside the skin of the other and see what it's like to have different needs, espouse different causes, react from different "hang-ups," and maybe even be opposed by someone in a role that is much like one's own real life role.

One may find himself playing a role that differs little from his own real life. In such a situation, there are great opportunities to try on some new behavior styles - to be more aggressive than usual, or more retiring, etc.

Regardless of the role, since the situation is merely a simulated one, the player can experience it and work it out without fear of penalty for failure. After all, a simulation is much like a game, only there are no losers and no penalties for mistakes. Yet, despite its low risk potential, the opportunities for learning and growth are great. Among other learnings, one can see how he reacts in situations that are new. Also, one can see how others react to him when in a situation for which he really couldn't prepare and over which he has limited control.

To maximize the learning and personal growth potential of a role play/simulation exercise, processing the experience is essential. "Processing" means a careful, thoughtful examination and analysis of what happened. When one examines the process, the scenario and the roles and the content of the simulation assume a very minor importance. What becomes uppermost are such questions as:

How did I behave in my role?
How did others behave towards me in this role?
Did I try any behaviors that weren't standard for me? How did they affect the others and the outcome of the simulation?
Who did or said what to whom? How did I feel about it?
What went on inside of me in response to what was going on outside?
How did I feel about doing things or being someone I normally am not?
Did people react to me in ways I'm not accustomed to? How did it feel?
At any point, did any person or situation create any feelings in me that I can now get in touch with? Did I feel...

happiness
frustration
satisfaction
self-importance
success
anger
humiliation
fear
defensiveness
power
powerlessness
anxiety?

Do I know myself any better?
Do I now understand others any better?

Finally, when one is cast in a role, he does not lose his human potential for change and growth and reaction to others. In short, the role player should not let himself get locked into a role in such a way that the role character becomes immovable or a block of granite. Such inflexibility can stifle the other players and minimize one's own fun in the game and one's potential to learn and grow from the experience.

DECISION-MAKING SKILLS

THE DECISION-MAKING PROCESS

Decision-making is a process in which a person selects from two or more possible choices. Personal decision-making enables one to reason through life situations, to solve problems, and to modify behavior. A decision is not "right" or "wrong.' It is judged to be effective or ineffective by whether it has produced satisfying or unsatisfying consequences.

Each of us makes many decisions every day - some more important than others, some almost automatic. Our decisions generally take into consideration the facts of a situation, but they are also affected by many other factors such as our feelings and emotions, our willingness or reluctance to take risks, and especially by our attitudes and values.

A value helps give meaning and purpose to your life and influences the choices you make for your life. Your values are chosen only by you from a number of alternatives, and you are willing to take actions based on your values. Particularly when we have important decisions to make, our values are a major factor in what choices we will make.

Regardless of how large of small a decision may be, there is a logical process that we can follow to solve problems and make the decisions. Many of the decisions we make automatically in the course of a few split seconds follow the same process. So when we have important decisions to make, this process can be very helpful in thinking the problem through and making the wisest choice.

STEPS IN THE DECISION-MAKING PROCESS

The model for personal decision-making consists of five steps:

1. Defining the problem. At this stage, the person will want to look closely at the situation, viewing it as a problem in need of a decision to resolve it. Determine what the problem is and what the

ideal situation would be. (Is a decision needed here? Is it my decision or someone else's? In other words, who owns the problem? What, specifically, is the problem?)

2. Looking at influences. At this stage, the person will want to examine the influences and pressures operating on his/her decision, and their importance. Also, the person will gather information about the problem by considering both facts and opinions from as many sources as possible. (What do my parents think? In what ways are the attitudes of my friends putting pressure on my decision? What are the legal, social, cultural pressures? How is my own mood or state of mind influencing the decision? Are emotions helping or hurting me in the long run?)

3. Identifying alternatives. At this stage, the person will identify alternative courses of action. A variety of choices will be reviewed. Initially, think of as many possibilities as can be generated, no matter how wild they seem at the time. (What are the possibilities open to me? What are the facts I need to know to weigh these alternatives? What influences operate on each possibility?)

4. Looking at risks and results. The different alternatives are examined in light of what is likely to happen and what the potential benefits and risks are of such an occurrence. Think of what might happen if each possibility is followed through. (What will happen if I select this alternative? What are the risks involved? Are the payoffs worth the costs?)

The final step of the process involves reflections concerning the decision made or action taken. As a result of the decision, an action, a thought, or a feeling is engendered, and some consequence does, in fact, result. Assessment of the actual consequences of the decision can provide valuable insight to guide future decision-making.

5. Deciding, acting, and evaluating. In this final step, the person looks at the results of past decisions to guide future action. To help evaluate a decision, the person may ask the following six questions:

   - What decision did I make, and what action, thought, or feeling resulted?
   - How satisfied am I with the decision?
   - What cost did I expect from the decision? What did I have to give up?
   - What payoffs, or positive outcome, did I hope to get from the decision?
   - What were the actual costs and payoffs?
   - What would I do differently next time, or how would I make that decision now if I could turn back the clock and decide again?

DECISION-MAKING MODEL

The following presents a step-by-step model to follow in the decision-making process.

THE DECISION-MAKING PROCESS

1. DEFINING THE PROBLEM

What is the problem?
Whose problem is it?
What information do I need to make a decision or solve the problem?

2. LOOKING AT INFLUENCES

Who or what is influencing my decisions?

3. IDENTIFYING ALTERNATIVES

What choices do I have?

4. LOOKING AT RISKS AND RESULTS

What will happen as a result of each possible choice?
What are the possible benefits?
What are the possible costs or negative outcomes?

5. DECIDING, ACTING, AND EVALUATING

Given the possible outcomes, which choice looks best?
What happens?
Given what happened, what would I do differently next time?

SMALL GROUP DISCUSSIONS AND GROUP INVESTIGATION

The small group discussion technique is familiar to most teachers. Smaller groups (4 to 6 students) encourage more individual participation and tend to break the pattern of dominance of discussion by a few highly skilled and verbal students in large group discussions. Small groups also allow students to learn from one another without the teacher's constant mediation. Small groups work best when they are diverse and task-oriented. Arrange groups so that there is a mix of sexes, talkers and quiet persons, friends and strangers.

Groups will function more effectively if they have to produce something (e.g. a project, an oral report, a bulletin board, a written paper, or a demonstration) and if they are given time limits within which to produce the product. Unfortunately, when we structure this type of activity we must also provide enough in-class time for project completion as the only time a group can get together is during the particular class that they share in common.

Teachers (sometimes with the class) should provide a list of acceptable group behaviors that will facilitate task completion. Some items on such a list might be: respecting one another's thoughts and ideas, one person talks at a time, no "put-downs" of another's ideas, building on one another's thoughts, appointing someone to help keep the group on task, or allowing different persons to assume leadership roles.

The teacher can move from group to group, act as a resource person, and facilitate and encourage group work. The teacher should interrupt only when absolutely necessary, either to encourage groups who are really "stuck," or to help keep the discussion on task.

The steps to follow in developing the small group investigation model are:

1. The students encounter a problem situation (planned or unplanned on the part of the teacher).
2. The students explore their reactions to the situation.
3. The teacher and students formulate the study task and organize for study.
4. Provide time for group study and/or work.
5. The teacher and students analyze progress and processes, adjust and correct as necessary.
6. Student groups report or complete projects and do what is necessary as per the task agreed upon in step 3. Recycling might be necessary at times.

The teacher must recognize that the system is based on democratic processes and group decisions, with low external structure. Student puzzlement must be genuine, it cannot be imposed. Authentic exchanges are essential and the atmosphere to be created is one of reason and negotiation.

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GLOSSARY

AA-Alcoholics Anonymous -- Volunteer self-help group for recovering alcoholics. Al-Anon is a similar group for adult relatives of alcoholics; Ala-Teen is the counter-part for teens.

Abuse -- To use for reason not intended or prescribed.

Abusive or Problem Drinker -- A person who has life problems because of alcohol but who may or may not fit into the category with self-admitted alcoholics.

Acute -- Said of a disease having sudden onset, sharp rise, and short course.

Addict -- A person who is physically dependent on a drug. (See also, Dependence.)

Addiction -- Physiological dependence on a drug, accompanied by the physical or emotional urge to do something repeatedly that an individual usually cannot control. Criteria include a tolerance for the drug and withdrawal symptoms if the drug is stopped. (See also, Physiological and Psychological Dependence.)

Adsorption -- The concentration and physical attachment of one substance to the surface of another without involving chemical changes.

Alcohol -- (Ethyl) The intoxicating chemical (C_2H_5OH) found in liquor, wine, and beer. It is produced by the action of yeast on sugars and starches. Other forms of alcohol which have industrial uses are not suitable for consumption; denatured alcohol is a combination of methyl and ethyl alcohol; a depressant.

Alcolyzer -- A brand name often used as a generic for small devices used to test for alcohol content in the breath. The test is sometimes used as partial evidence by police to determine whether an arrest for driving under the influence should be made. The results of Alcolyzer tests are not admissible in court, but rather give an indication that further testing is necessary, such as using a Breathalyzer.

Alco-Sensor -- The brand name of a hand-held, breath test instrument.

Alternatives to Drug Use -- Activities and experiences that are gratifying and pleasurable and take the place of drug use. This is a process of channeling energy and activity in positive directions appropriate to a person's needs.

Amphetamines -- A group of drugs that stimulates the central nervous system.

Analgesic -- Pain-reliever; pain killer; compounds which relieve pain by altering perceptions of painful stimuli without producing anesthesia or loss of consciousness. Opiates such as Morphine and Codeine act as analgesics.

Anesthetic -- A drug which produces anesthesia, characterized by loss of sensation to touch and pain, and ultimately loss of consciousness.

Antagonist -- A substance that tends to nullify the action of another substance.

Antibiotic -- A substance, usually of microbial origin, that reduces growth of bacteria or kills bacteria.

Autonomic -- That part of the nervous system which is self-controlled.

Axon -- The branch of a nerve cell which carries messages away from the cell body.

BAC -- Blood alcohol content; the percentage of alcohol found in the blood, breath, or urine.

BAL -- Blood alcohol level; same as BAC. In most states, a BAC of .10% is prima facie evidence of intoxication. If your total blood supply were equal to 1000 drops, this would mean 10 drops of pure alcohol.

Barbiturate -- A chemical derivative of barbituric acid that will produce a calming effect as well as sleep. This group of drugs is potentially hazardous in that they are capable of producing psychological dependence, physical dependence, overdosage with prolonged or frequent use, and life threatening withdrawal.

Beer -- An alcoholic beverage made from the fermentation of barley or other grains, often flavored with hops or bitter. Contains 3-6% alcohol.

Malt Liquor -- Beer with an increased alcohol content.

Near Beer -- Beer with alcohol removed or less than .5-1% alcohol.

3.2 Beer -- Beer with 3.2% alcohol content.

Behavior

Affected -- Judgment begins to lessen, person is less critical of actions, reaction time is slowed; indication of mental relaxation may appear.

Impaired -- Judgment is not sound, thinking and reasoning powers are not clear, the ability to do complex jobs is lessened.

Intoxicated -- Judgment and reasoning powers are severely hampered, cannot do common simple acts without error.

Serious Impairment -- Loss of judgment and inhibitions; clumsy, uncoordinated.

Gross Intoxication -- Unmistakable impairment of all physical and mental activity.

Birth Disorder -- An abnormality of structure, function, or metabolism;, whether genetically determined or the result of environmental interference during embryonic or fetal life. A birth disorder may cause disease from the time of conception through birth or later in life.

Blackout -- Temporary loss of memory of what happened during a drinking session--a person is still awake and functioning.

Blood Alcohol Content (BAC) -- The percentage of alcohol in the bloodstream at a given time, often measured by a breath test. (.10% BAC is equivalent to 15 drops of alcohol in a quart of blood or 1 drop for every 1,000 drops of blood.) Also referred to as Blood Alcohol Concentration (BAC).

Brain Stem -- The widened continuation of the spinal cord which forms the lowest part of the brain. It controls breathing and circulation.

Breathalyzer -- An instrument used to analyze the breath of an individual to determine his or her blood alcohol content (BAC). Its results are admissible in court.

Breath Testing Machines -- An instrument used to measure the alcohol content of a person's blood through analysis of the person's breath.

Caffeine -- A stimulant drug found in coffee, teas, cola drinks, and chocolate.

Central Nervous System -- The system which controls and coordinates the other systems of the human body.

Cerebellum -- The back part of the brain; controls the balanced movement of muscles.

Cerebrum -- The largest part of the brain located above and in front; it controls thought and other higher mental functions.

Chromosome -- One of the 46 threadlike structures in the nucleus of every cell which contains genes.

Chronic -- Of long duration, denoting a disease of slow progress and long continuance.

Cirrhosis -- The hardening and degeneration of the liver, in most cases due to excessive and prolonged alcohol abuse.

Cocaine -- A white powder that is made from the cocoa bush that has local anesthetic and central nervous system stimulant effects.

Codeine -- A mild opiate alkaloid made from morphine, used in cough syrup and analgesics.

Conception -- The union of sperm and ovum.

Congener -- The natural products of the fermentation process minutely present in alcoholic beverages. They impart flavor and aroma and preservatives.

Congenital -- Refers to any condition present at birth.

Controlled Substances -- Controlled substances are those placed on a schedule or in special categories to prevent, curtail, or limit their distribution and manufacture. Under the Controlled Substances Act of 1970, the Attorney General of the United States (on the recommendation of the Secretary of Health, Education, and Welfare) has the authority to place drugs into five schedules or categories, based on their relative potential for abuse, scientific evidence of the drug's pharmacological effect, the state of current scientific knowledge about the drug, and its history and current pattern or abuse.

Convulsions -- Muscular spasm, seizure.

Decision-Making -- The process of choosing a course of action. Decision-making is a skill which must be learned. Becoming aware of this process, the opportunities to make decisions, and one's decision-making style, frees an individual to be and become what he or she chooses. It also brings the concept of individual responsibility for one's behavior very clearly into focus.

Delirium Tremens (DTs) -- A severe psychotic reaction associated with prolonged alcoholism; usually begins during a period of abstinence following a bout with heavy drinking. Characterized by sweating, tremors, anxiety, and hallucinations.

Dendrites -- The branches of a nerve cell which send messages to the cell body.

Dependence, Drug -- The need for a drug which results from the continuous or periodic use of that drug. This need can be characterized by psychological and/or physical changes in users which make it difficult for them to control or stop their drug use.

Depressant -- Depressants are drugs which may reduce anxiety and excitement. They basically act to depress the activity of the central nervous system. Taken in small doses, they temporarily ease tension in some people and induce sleep. Barbiturates, tranquilizers, and alcohol make up the largest groups of depressant drugs.

Depth Perception -- Ability to judge distance between you and other objects.

Detoxification -- The process of removing alcohol or other drugs from the body without withdrawal complications and to promote recovery from the effects.

Distillation -- Evaporation of liquid by heat and condensation of the resulting vapor or gas into a liquid. The process by which hard liquor is manufactured.

Distilled Spirits -- Any beverage containing alcohol obtained by distillation mixed with drinkable water and other substances, in solution. (Examples: brandy, rum, whiskey, gin.)

Dosage -- The exact amount of a drug recommended by the physician to be consumed by a patient; usually accompanied by precise instructions, including the exact time, amount, method of ingestion, and frequency of use. (See also, Therapeutic and Lethal Dosage.)

Driving Under the Influence -- Operating or being in physical control of any vehicle while faculties or judgment are impaired by ingested alcohol or other drugs.

Drug -- Any substance that, when taken, changes the functioning of the mind or body of the human organism. Basically, a drug is used to treat illness, to protect against disease, to alter moods and behavior, to promote better health. Drugs are not only controlled substances (such as heroin) but socially accepted drugs (such as tobacco and coffee), over-the-counter medications, prescription drugs, additives, and poisons.

Drug Abuse -- Use of a drug substance to the detriment of either the user or society.

Drug Education -- The aspect of health education that examines drugs; the study of drugs, patterns of use and motivations for use of drugs, alternatives to drug use, and the complex of social roles and institutions affecting and being affected by drugs.

Drug Misuse -- Use of a drug substance contrary to the instructions of the supplier, the dispenser, or the prescriber.

Drug Use -- Deliberate exposure to a drug substance.

Drunk -- Intoxicated from alcohol ingestion marked by loss of control over ordinary physical activities. Slang terms include intoxicated, loaded, inebriated, tight, and bombed.

DUI -- Driving under the influence of intoxicants or self-administered drugs.

DWI -- Driving while intoxicated. Same as DUI.

Effectors -- The parts of our body which react to stimulation.

Embryo -- An organism in the early stages of development. In humans, from the time of conception until the third month.

Environment -- All the factors surrounding and influencing an organism.

Ethanol -- The chemical substance that makes all alcoholic beverages intoxicating.

Euphoria -- A sense of well-being. This is a false sensation caused by alcohol or other drug.

Fetal Alcohol Syndrome (FAS) -- A pattern of congenital malformations which occurs in infants born to women suffering from severe, chronic alcoholism. Infants with FAS are typically shorter than normal, underweight, have defects of the skull and face, are hyperactive, display delayed motor and language development, and are mentally retarded.

Fermentation -- The chemical reaction that produces alcohol when yeast and sugar are combined. The process by which wine and beer are manufactured.

Habituation -- A psychological dependence on a drug. A need or a compulsion to continue using a drug.

Hallucinate -- To see or hear things that are not there. Perception without external stimulus.

Hallucinogens (Psychedelics) -- Prominent pharmacologic action of these drugs is on the CNS. Hallucinogens produce visual and auditory hallucinations, perceptual distortions, and disturbances of thought processes. Examples include LSD, PCP, mescaline, and THC. Term sometimes used for psychedelic drugs. (See also, Psychedelics.)

Hangover -- The unpleasant physical sensations experienced after the immediate effects of excessive drinking wear off. Symptoms can include nausea, headache, and thirst.

Hashish ("hash") -- A dark brown resin from the flowering tops of Cannabis sativa. It is much stronger than crude marijuana since it contains more THC. "Hash oil" is a distillant of the marijuana plant with concentration of THC of 48% or even higher. The effect on the user is more intense and the possibility of side effects is greater.

Heroin -- A narcotic analgesic derivative of morphine; an illicit drug in the United States.

High -- The feeling, when associated with the use of alcohol or other drug, characterized by a noticeable, pleasurable effect.

Illicit (drugs) -- Drugs whose uses are illegal. Examples are the narcotics, marijuana, and psychedelics.

Implied Consent Law -- Under this law, prevailing in all states, a driver by virtue of his or her possessing a driver's license consents to a chemical test if arrested for an offense involving drinking and driving.

Influences -- Outside influences exert a strong impact on substance use/non-use behaviors. Three categories of influence (peer pressure, significant others, and institutional) should be considered in any substance education program.

Ingestion -- The act of taking a drug into the body by swallowing, sniffing, application to the skin, or insertion into the rectum.

Inhalants -- (see Volatile Substances)

Inhibitions -- An inner restraint to free activity, expression, or functioning.

Intervention -- An early identification of a problem and steps taken to prevent a worsening of the problem.

Intoxication -- A state of notable mental or physical impairment brought on by ingestion of a drug.

Korsakoff's Syndrome (Psychosis) -- A organic brain disease associated with chronic alcoholism. Characterized by delirium, confusion, aphasia, ataxia, severe anterograde and retrograde amnesia, and confabulation. Believed to be the result of dietary (vitamin B) deficiencies.

Lethal Dosage -- The amount of a substance required to produce death of an organism.

Licit (drugs) -- Drugs whose uses are legal. Examples are over-the-counter medications, prescription drugs. Alcohol and tobacco are licit drugs with legal age limitations.

Life Coping Skills -- Ways of dealing with the problems and challenges of living, changing, and growing. Examples of life coping skills are valuing, decision-making, communicating, confronting, asserting, risking, experimenting, withdrawing, fantasizing, denying, meditating, and understanding defense mechanisms.

Maintenance Programs -- Any of a variety of drug rehabilitation programs whose major emphasis involves the dispensing of the user's drug of dependence or an adequate substitute.

Marijuana -- Marijuana is a common plant with the botanical name of Cannabis sativa. The active (mind-affecting) ingredient is delta-9-tetrahydrocannabinol, or THC.

Mescaline -- A hallucinogen extracted from the peyote cactus.

Metabolism -- The process whereby ingested substances are broken down into a form that can be used by and eliminated from the human organism; is a part of the digestive and excretory system processes of the body.

Metabolize -- The process by which alcohol is broken down and released from the body.

Methadone -- A synthetic opiate; an oral analgesic similar in action to morphine but with slightly greater potency and longer duration. Commonly used in heroin and morphone withdrawal programs; satisfies the addict's physiological dependency without providing the euphoric feelings associated with opiate use. It relieves the physical craving for heroin and acts longer in the body than heroin.

Morphine -- A narcotic extracted from opium.

Narcotic -- Narcotics are drugs that relieve pain and often induce sleep. The opiates, which are narcotics, include opium and drugs derived from opium, such as morphine, codeine, and heroin. Narcotics also include certain synthetic chemicals that have a morphine-like action, such as methadone.

Nicotine -- The central nervous system stimulant drug found in tobacco.

Non-psychoactive Drugs -- Do not specifically affect feelings, thought, and behavior.

One Drink -- Bottle of beer = glass of wine = shot of hard liquor.

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Opiates (Narcotic-Analgesics) -- Synthetic and nonsynthetic drugs which affect the body similarly to morphine, the major analgesic substance extracted from the opium poppy. The opiates have analgesic effects and produce euphoric feelings. Include codeine, heroin, and morphine.

Opium -- The dried juice of the opium poppy.

Overdose (OD) -- An "overdose" of drugs is the amount of drugs taken which causes an acute reaction to the user. A drug over-dose can often be recognized even by a nonmedical observer because it often produces stupor or coma. Often there is a low breathing rate as well. Medical help is needed immediately. A first aid measure that can be taken while waiting for medical help includes artificial respiration to restore breathing.

Ovum -- The female sexual cell or egg produced in the ovary.

Oxidation -- A process of metabolism by which the liver converts alcohol and some other drugs into heat + energy and releases carbon dioxide (which is exhaled) + water (which is eliminated as urine).

Peer Pressure -- Social urging to behave in a way that is acceptable among people in one's own general age group. Peer pressure involves the need to be accepted, the need to have friends, and the need to check out our feelings and values with others.

Peripheral -- The part of the nervous system outside the central nervous system.

Peyote -- A kind of cactus containing the hallucinogen mescaline.

Physical Dependence -- A condition resulting from repeated use of a drug in which the individual must continue to take the drug to satisfy the body's craving for it. It has two parts: (1) The body gets used to the drug; so it takes more and more of the drug to get the effect the user wants (tolerance). (2) The user has very painful withdrawal symptoms when s/he quits using the drugs.

Placenta -- The transfer organ that acts as the major support system between mother and fetus. Allows passage of oxygen and nutrients.

Potency -- The degree of strength or power; usually refers to the relatively small amount which can produce desired or expected effects.

Premature -- A baby born substantially before term.

Prescription Drugs -- Those drugs, medication, and medical devices subject to regulations by a physician's prescription which are "habit forming," "toxic," "potentially harmful," or whose "method of use" is not safe except under the supervision of a physician. They can only be purchased from a licensed pharmacist.

Prevention -- The organized efforts by individuals, schools, organizations, or agencies designed to deter or inhibit the development of substance abuse or dependency by individuals, and the individual and social problems associated with the abuse or dependency on drugs.

Prevention-Intervention -- To reduce before or at the early stages those negative behaviors that lead to alcoholism.

Primary Prevention -- A constructive process designed to promote personal and social growth of the individual toward full human potential and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substance; occurs before problems develop.

Prohibition -- The period of American history from 1919 to 1939 when it was illegal nationwide to manufacture, transport, or sell alcoholic beverages. The 21st Amendment to the Constitution repealed the 18th Amendment.

Proof -- A number which is equivalent to double the alcohol content of hard liquor (86 proof whiskey contains 43% alcohol).

Psilocybin -- A hallucinogen found in a kind of psychoactive mushroom, also called magic mushrooms.

Psychedelic -- Mind manifesting, refers to a drug's ability to expand consciousness and manifest capacities of the mind that are not often experienced. Most widely used term for these drugs is hallucinogens.

Psychoactive -- Altering the subjective state of mind; altering perception and consciousness.

Psychoactive Drugs -- Drugs capable of changing mood, feelings, and thought by direct action on the central nervous system. These include various stimulants (nicotine, caffeine, cocaine, amphetamines); sedatives (alcohol, marijuana, barbiturates, tranquilizers); pain relievers (aspirin, narcotics); and mind-distorting agents (LSD, mescaline, marijuana).

Psychological Dependence -- Psychological dependence refers to an emotional need to periodically or chronically use a drug to obtain pleasure or to avoid discomfort. The individual believes s/he is unable to get along in life without the agent. There is frequently the belief that the agent is an integral part of life. When the drug is unavailable, the user may feel ill at ease, anxious or irritable. At the same time, the individual may or may not be physically dependent on the drug.

Psychotropic (Psychoactive) Drugs -- Drugs which interact with the CNS to produce altered mood, perception, and/or behavior.

Reaction Time -- The time that a person takes, after sensory perception of a situation, to realize the meaning of the situation, decide what to do about it and start acting.

Receptors -- The parts of our body which receive stimuli from the outside environment.

Rehabilitation -- Means the restoration of a client to the fullest physical, mental, social, vocational, and economic usefulness of which he or she is capable. Rehabilitation includes, but is not limited to, medical treatment, counseling, occupational training, social and domestic rehabilitation, and education.

Risk/Benefit Ratio -- An arbitrary assessment of the risks and benefits that may accrue from administration of a drug.

Risk-Taking -- A learned element of the decision-making process. One is willing to take great risks if a particular outcome is highly valued.

Ritalin -- A stimulant drug (methylphenidate) used in the treatment of hyperactivity.

Sedative-Hypnotics -- Chemical compounds which produce sedation or depression. The behavioral effects of these drugs are dose dependent and range from general tranquilizing effects to sedation, sleep, coma and death. Include barbiturates, alcohol, and minor tranquilizers (meprobamate and benzodiazepines).

Self-Concept -- An evaluation of your own worth based on your perception and feelings of how you compare to others.

Self-Medication -- The use of drugs without a prescription or the advice of a physician. Usually it refers to the practice of the patient diagnosing and treating a simple condition such as a headache without the advice of a physician. People also self-medicate by using drugs to alter feelings and certain behaviors.

Set -- Set is one variable which can determine the effects of a drug. It is the individual's state of mind, his personality and expectations of what the drug is supposed to do. Other variables include dosage, route of administration and the person's individual body responses.

Setting -- The effects of one's external environment or physical surroundings on drug reactions.

Sex Linked -- Descriptive of traits whose genes are carried on the "X" chromosome.

Side Effects -- Drug actions which are not the specific intended response and usually do not benefit the user; an action other than a drug's primary effect.

Significant Others -- Are those people in one's life for whom one cares a great deal.

Sperm -- The male sexual cell produced in the testes.

Stimulant -- Stimulants are drugs which increase the activity of the central nervous system. They include caffeine, cocaine, and amphetamines. Stimulants are often called "uppers" or "pep pills."

Synapse -- The tiny space between the end brushes of any two adjacent nerve cells.

Synergism -- The simultaneous action of separate drugs which, together, have greater total effect than the sum of their individual effect. For example, the effects are not additive (2 + 4 = 6), but multiplicative (2 x 4 = 8). (See also, Interaction, Drug).

Teratogen -- Agent which adversely affects the development of the embryo and/or fetus.

THC (delta-9-tetra-hydro-cannabinol) -- The active, mind-affecting ingredient in the marijuana plant and variations such as Hash, Hashish, Hash Oil.

Therapeutic Dosage -- Regular prescribed dosage directed by a physician for a physical or psychological disorder; this is considered the proper dosage for safe and effective use of the drug.

Therapeutic Effects -- Predictable therapeutic responses. The effect for which the drug was prescribed. This is a desired effect. For example, pain relief is the therapeutic effect when a narcotic is prescribed.

Tolerance -- Physical tolerance is the body's ability to overcome the usual effects of a drug so that an increased dosage is needed to achieve the same effect as before for the individual. Also, the body's ability to compensate for the physical effects of alcohol use.

Toxic -- Affected by a toxin or poison; poisonous. (See also, Intoxicated)

Tranquilizer -- A drug used to reduce anxiety and tension. A drug that brings tranquility by calming, soothing, quieting or pacifying without depressing patients.

Treatment -- A broad range of planned and continuing services which may be extended to substance abusers and which are focused on influencing the behavior of an individual to achieve a state of rehabilitation. These services include in-patient and out-patient treatment, residential services for diagnostic evaluation, counseling, occupational help, medical care, and social service care.

Volatile Substance -- Substances like model airplane glue, paint thinner, gasoline, and other volatile (breathable) solvents which contain a variety of chemicals which can cause tissue damage or death when inhaled or ingested. Also can be referred to as inhalants.

Withdrawal Symptoms -- A series of symptoms precipitated in a drug-dependent individual when the drug supply is discontinued. With alcohol this causes various reactions from hallucinations, shaking, and convulsions to "delirium tremens."

AUDIOVISUAL MATERIALS

16mm FILMS AVAILABLE THROUGH DREAM

NOTE: All films and videos are available from DREAM, Drug Research and Education, Association in Mississippi, Inc., 1991 Lakeland Drive, Suite B, Jackson, MS 39216. To assure availability of film or video rental, it is suggested that reservations be made one (1) month prior to requested date. Reservations are accepted by telephone (362-9329 in Jackson or 1-800-23 DREAM statewide). A small rental fee is charged.

BREAKING FREE - A narration with a slide presentation on film. Factual information on marijuana. Colorful and positive. 7th grade and up. 20 minutes. 16mm.

EPIDEMIC I - KIDS, DRUGS AND ALCOHOL - A film presenting the frightening truth of drug abuse. Factual information on marijuana, alcohol, cocaine, and quaaludes. 30 minutes. 16mm.

EPIDEMIC II - AMERICA FIGHTS BACK - Answers the problems raised in Epidemic I. Recommended for parent groups. Shows what can be accomplished to help solve the juvenile drug problem: school improvement, parental involvement, and community involvement. 30 minutes. 16mm.

JUST ALONG FOR THE RIDE - A film of drinking and driving. A story of teenagers at an unsupervised party deciding to take a drive for pizza after a night of drinking. 7th grade and up. 30 minutes. 16mm.

HOW DO YOU TELL - Combination cartoon style, interview style film. Recommended for young people up to 5th or 7th grade. Subject matter deals with encouraging youngsters not to get involved with drug abuse. After each segment with the cartoon characters, a group of children discuss their outlook. 11 minutes. 16mm.

ALCOHOL, DRUGS OR ALTERNATIVES - Excellent film dealing with feelings and how to cope with them, rather than cover them up with chemicals. Features Tommy Smothers and treats the subject in a way that kids will like. 7th grade and up. 30 minutes. 16mm.

ALCOHOL AND DRUGS: HOW THEY AFFECT YOUR BODY - Factual information for younger children, this colorful cartoon style film gets the point across so that youngsters can understand. Up to 5th grade. 25 minutes. 16mm.

DUGOUT - A film concerning amateur athletes "drowning their sorrows" in beer and pot, after a loss. Features Bo Belinsky, former Loss Angeles Angel whose career collapsed because of alcohol. 5th grade to high school. 17 minutes. 16mm.

SONS AND DAUGHTERS/DRUGS AND BOOZE - A dramatic film which describes what parents can do to understand children's use of alcohol and other drugs. This excellent film offers practical advice to parents whose children have already begun to use drugs. The parent's role in prevention is explained and reinforced. For parents or mixed audiences. 28 minutes. 16mm.

THE LAST PROM - A film for 9th grade and up. The story is about several young people planning and attending their high school prom. Emphasizes dangers of drinking and driving. Excellent for use before spring proms and graduation. 25 minutes. 16mm.

HIGH POWDER - Starring Dick Van Patten, this exciting film combines amphetamine use and sports competition--snow skiing. Well written and acted. Good reinforcement of values and role models. Good for senior and junior high. 25 minutes. 16mm.

DRUG INFORMATION SERIES - A set of seven, 10-minute films discussing accurate facts about the following drug classifications: Marijuana, Alcohol, Stimulants, Depressants, Hallucinogens, Narcotics, and Inhalants. Includes study guide for classroom discussion. For grades 7 through adult. Each film is 10 minutes. 16mm.

WIZARD OF NO - A humorous film about an "almost 13" year old boy who has difficulty in saying "No" to his friends. Teaches decision making and reasoning skills for saying no to drugs--without losing friends. Recommended for grades 4 through 7. 19 minutes. 16mm.

DEADLIEST WEAPON IN AMERICA - DWI - A very powerful documentary examining both the statistical and human sides of the most unpredictable killer in recent history, the drunk driver. This film focuses on the disastrous aftermath, the personal destruction, injury, and death left in the wake of the crime known as DWI. This film was donated to DREAM in memory of lives lost to drunk drivers. 7th grade to adult. 30 minutes.

WHY DAY NO TO DRUGS? - About drug use this informative film deals directly with drug issues that young people confront in everyday social situations. It also offers decision-making guidelines that will help viewers say NO to drugs. 6th grade, up. 16 minutes. 16mm.

ALCOHOL AND DRUGS - MAKING THE DECISION - Hosted by Paul Williams and featuring Meredith Baxter Birney, this film explores the reasons why people become dependent on alcohol or drugs. Through the use of humorous, satirical, and documentary vignettes, the film shows us why we depend on alcohol and drugs and explains how to make that important decision not to. 5th grade, up. 26 minutes. 16mm.

VHS FILMS AND SLIDES AVAILABLE THROUGH DREAM

FEEL IT COMING TOGETHER - Slide presentation produced by DREAM for the Youth Conference in Jackson, March 1983. Excellent format depicting the pressures of teenagers to "do drugs" and how to make a mature decision. Colorful and upbeat. Music from "Fame." 7th grade and up. 15 minutes. Slides.

JASON MAKES A DECISION - Produced by the Texas Young Lawyers Association, this short video cassette tells the story of several youngsters on a school playground and their dilemma regarding drugs. 2nd grade through 6th grade. 12 minutes. 1/2" VHS.

TEENAGERS TALK - A cartoon style VHS. Talks about stages of growing up, peer pressure, going through adolescence, and the importance of the group. Winds up when they become a true individual. 6th grade and up. 12 minutes. VHS.

WHY IS IT ALWAYS ME? - Story of a young man making poor choices. Gives steps for decision making. 4th through 7th grades. 10 minutes. VHS.

YOU HAVE A CHOICE (Parts I and II) - A discussion of alcohol and how it affects the brain. Specific discussion of the right and left hemispheres of the brain and why people/teens drink. Two parts with animation as well as audience participation. 7th grade to adult. Approximately 30 minutes per segment. VHS.

FEELING GOOD - A 60-minute documentary style film with interviews. Mississippians talking about their drug problems, solutions, etc. Upbeat with music videos and entertainment. 5th grade to adult. VHS

HOW TO TALK TO YOUR KIDS ABOUT GROWING UP WITHOUT DRUGS AND ALCOHOL - A practical, easy-to-follow approach to improved family communication, particularly on the subject of adolescent substance use. Combining interviews with a series of dramatic vignettes, the film is a tool to parents who want a drug-free youth for their children. For parents. VHS.

KIDS AND ALCOHOL DON'T MIX! - Fat Albert and the Cosby Kids are in a soccer game. Fat Albert invites someone else to join them but the young boy has given up soccer for something else in his life--alcohol. Fat Albert leads Peter to help and in turn Peter goes through therapy then begins to play soccer again while trying to help other kids with the problem of alcoholism. 1st grade through 4 (may be used for 5th and 6th depending on teacher's, parent's, etc. opinion). 15 minutes. VHS.

FILMS AND VIDEOS AVAILABLE THROUGH THE GOVERNOR'S HIGHWAY SAFETY PROGRAM

NOTE: All films and videos are available for loan free of charge from the GOVERNOR'S HIGHWAY SAFETY PROGRAM, 301 W. Pearl Street, Jackson, MS 39203-3088, telephone 949-2225. Many of these materials are also available from the Law Enforcement Audiovisual Center, Mississippi Law Enforcement Officers Training Academy, Rt. 6, Box 132, Pearl, MS 39208, telephone 939-3943.

ALCOHOL, DRUGS, OR ALTERNATIVES -- length, 26 minutes; format, 16mm film; audience, junior high to adult. How do feelings of inadequacy influence a person's life and who is responsible for them--parents, peers, teachers? How do people overcome a negative self image and arrive at a more nearly accurate appraisal of their own worth? Some positive techniques are presented as substitutes for dependence on drugs or alcohol in this amusing film, which is hosted by Christopher George and Tom Smothers.

DUI: IT COULD NEVER HAPPEN TO ME -- length, 25 minutes; format, 16mm film; audience, high school to adult. This is a poignant and sensitive film about average, fun-loving teenagers who have caring parents, bright futures, and lots of friends. Four teenagers are involved in an alcohol-related crash, and the film illustrates the moral, psychological, physical, and legal effects of the crash on them and their families.

DRUGS, DRINKING, AND DRIVING -- length, 18 minutes; formal, 16mm film; audience, junior high to adult. This film demonstrates, by animation, field tests, and interviews, the effects of alcohol and other drugs on driving skills.

EPIDEMIC: THE DEADLIEST WEAPON IN AMERICA -- length, 30 minutes; format, 16mm film; audience, high school to adult. This is a hard-hitting film that examines both the statistical and human sides of the most unpredictable killer in recent history: the drunk driver. It features interviews with experts, parents, and victims of drunk driving and presents factual information on efforts to curb this problem.

FEELING GOOD -- length, 60 minutes; format 1/2" video (VHS); audience, high school to adult. Produced for DREAM with funding from the GHSP, this video is hosted by MTV personality Alan Hunter. It features music videos and interviews with young people, and parents whose families have been touched by alcohol and/or drug problems.

JUST ANOTHER FRIDAY NIGHT -- length, 15 minutes; format, 3/4" video and 16mm film; audience, junior and senior high school, college. A judge must decide on the sentence for a young man who drives after drinking and causes the deaths of several of his friends. The legal arguments for both sides are presented, and the judge retires to make his decision while the circumstances are reviewed. The film is left open-ended and is excellent for stimulating discussion on drunk driving and how the problem should be handled.

THE LAST PROM -- length, 24 minutes; format, 16mm film; audience, junior and senior high school. This film covers such topics as drinking and driving, youth and peer pressure. It focuses on how teenagers go along with the crowd, often with tragic consequences.

THE SOCIAL DRINKER AND THE ANTI-SOCIAL DRIVER -- length, 20 minutes; format, 16mm film; audience, general. Through studies and dramatized sequences, this film demonstrates the effects of alcohol on driving, the arrest of a drinking driver, and a number of myths surrounding alcohol and drunk driving.

YOU'RE UNDER ARREST -- length, 15 minutes; format, 3/4" video; audience, general. Narrated by Harry Reasoner, this film is a segment of the 60 Minutes news program. It reviews the problems and tragedies of drunk driving and explores several communities' attempts to combat the problem.

FILMS AVAILABLE THROUGH MISSISSIPPI STATE BOARD OF HEALTH FILM LIBRARY

NOTE: All films are available for loan free of charge through the MISSISSIPPI STATE BOARD OF HEALTH FILM LIBRARY P.O. Box 1700, Jackson, MS 39205; telephone (601) 354-6639.

COMEBACKER: THE BOB WELCH STORY -- length, 22 minutes; audience, junior and senior high, adult. The problem of alcoholism is presented through the story of Bob Welch, a young pitcher for the Los Angeles Dodgers. Through the use of flashbacks and personal narration, Welch traces the progression of his years as an alcoholic from his first drink at the age of 16 to college drinking sprees, to alcohol affecting his professional life, to his ultimate rehabilitation at the age of 23. At first he refused to admit that he had a problem. It wasn't until he was threatened with expulsion from the team that he sought help. Welch talks about the reasons he started drinking. He tells us how without alcohol he learned to cope with his feelings, face his problems head-on, and finally was able to admit to himself and his teammates, "I am an alcoholic."

FAMILY TRAP -- length, 30 minutes; audience, adult, general. A film that gives a sensitive and revealing look into the survival roles which are adopted by members of a family where there is a chemically dependent person. Presented by Sharon Wegscheider, this film offers the first complete picture of the pressures which contribute to the family illness, and the hope and help there is for family members to achieve recovery through intervention, identification, and counseling.

FEELING GOOD: ALTERNATIVES TO DRUG ABUSE -- length, 12 minutes; audience, junior and senior high, adult. This film seeks to counter the notion of "feelin' good" by using alcohol and other drugs. It promotes the positive alternatives concept and is hosted by Reverend Jesse Jackson. It provides a brief overview of the scope of drug abuse, effects of specific drugs, dangers of mixing drugs, and positive drug-free alternatives.

MARIJUANA, DRIVING, AND YOU -- length, 13 minutes; audience, junior and senior high, adult. This film presents evidence of both the objectives and subjective effects of marijuana and relates these effects to driving safety. It also deals with the unreliability of marijuana, the unpredictability of its effects, and the risks of mixing marijuana and other drugs.

VIDEOTAPES AVAILABLE THROUGH THE DIVISION OF ALCOHOL AND DRUG ABUSE

NOTE: The following videotapes are available only through the DIVISION OF ALCOHOL AND DRUG ABUSE, 11th Floor, Robert E. Lee Building, Jackson, MS 39201; Telephone (601) 359-1297.

INVOLVEMENT: "THE GOVERNOR'S DRUG SEMINAR FOR PARENTS" -- Five segments, each 60 minutes in length; audience, elementary, junior and senior high, general. This is a five-part series which was produced jointly by Mississippi ETV and the Division of Drug Misuse. It provided solid information on the history, values, and family conditions that have contributed to drug misuse. The series features Steve Glenn, former director of the U.S. Office of Education's Regional Training Center in Miami. The different segments are "Understanding Addiction," "The Social History of Drug Abuse," "Responding to Drug Problems," "Drug Education," and "Preventing Dependence." Available in 1/2" reel-to-reel and video cassettes.

SHOW ME SOMETHING BETTER with Dick Cavett and Dr. Robert DuPont -- length, 60 minutes; audience, junior and senior high, general. This is a segment of the "Feeling Good" series which was broadcast nationally over Educational Television. It features Dick Cavett interviewing Dr. Robert DuPont, then Director of the National Institute on Drug Abuse (NIDA), and explores the subject of alternatives to drug misuse. Available in video cassette.

RESOURCES

DREAM (Drug Research and Education Association in Mississippi, Inc.)
1991 Lakeland Drive, Suite B
Jackson, Mississippi 39216
(601) 362-9329 or 1-800-23 Dream

Highway Safety Division of the Governor's Office of Federal/State Programs
301 West Capitol
Jackson, Mississippi 39205
(601) 949-2225

Alcohol and Drug Abuse Division of the State Department of Mental Health
1500 Woolfolk State Office Building
Jackson, Mississippi 39205
(601) 359-1297

Dr. Nancy Brown
Mississippi State Department of Education
Walter Sillers Office Building
Jackson, Mississippi 39205
(601) 359-3768

James Roberts, Commissioner
Department of Public Safety
P.O. Box 958
Jackson, Mississippi 39205

Donald Butler, Director
Mississippi Bureau of Narcotics
P.O. Box 6462
Jackson, Mississippi 39212

Jackson State University Interdisciplinary Alcohol and Drug Studies Center
Jackson State University
P.O. Box 17054
Jackson, Mississippi 39217

Mr. Robert Q. Whitwell
U.S. Attorney, Northern District of Mississippi
P.O. Drawer 886
Oxford, Mississippi 39217

Mr. George Phillips
U.S. Attorney, Southern District of Mississippi
P.O. Box 2091
Jackson, Mississippi 39225-2091

ELEMENTARY PROGRAMS

"BE SMART, DON'T START - JUST SAY NO!" (K-5)
DREAM (Drug Research & Education Association)
1991 Lakeland Drive
Suite B
Jackson, Mississippi 39216
(601) 362-9329 or 1-800-23 DREAM

"I'M SPECIAL" (4th Grade)
Charlotte Drug Education Center
1416 East Morehead Street
Charlotte, North Carolina 28204

"YOU-NIQUE" (K-5)
C. E. Mendez Foundation, Inc.
P.O. Box 10059
Tampa, Florida 33679
(813) 875-2579
Elizabeth McConnell, Program Director

"ME-OLOGY" (6th grade)
C. E. Mendez Foundation, Inc.
P.O. Box 10059
Tampa, Florida 33679
(813) 875-2579
Elizabeth McConnell, Program Director

"YOUTH CONFERENCE" (Elementary and Secondary)
Dr. Dorothy Idleburg
Interdisciplinary Alcohol and Drug Studies Center
Jackson State University
P.O. Box 17054
Jackson, Mississippi 39217
(601) 968-2350

"JUST SAY 'NO' CLUB" (State Agency)
Ms. Suzanne D. Scott
Division of Alcohol and Drug Abuse
1102 Robert E. Lee Building
Jackson, Mississippi 39201
(601) 359-1297

SECONDARY PROGRAMS

"OPERATION PROM/GRADUATION"
Governor's Highway Safety Program
c/o Ms. Margaret Graham
301 West Pearl Street
Jackson, Mississippi 39205
(601) 949-2225

"TEEN CONNECTION"
DREAM (Drug Research & Education Association)
1991 Lakeland Drive
Suite B
Jackson, Mississippi 39216
(601) 362-9329 or 1-800-23 DREAM

"S.A.D.D."
Students Against Driving Drunk
110 Pleasant Street
Corbin Plaza
Marlboro, Massachusetts 01752
(617) 481-5681
Robert Anastas, Executive Director

"NATURAL HELPERS"
DREAM (Drug Research & Education Association)
1991 Lakeland Drive
Suite B
Jackson, Mississippi 39216
(601) 362-9329 or 1-800-23 DREAM

"SKILLS FOR ADOLESCENTS"
Lions Club/Quest Foundation Program
c/o DREAM (Drug Research & Education Association)
1991 Lakeland Drive
Suite B
Jackson, Mississippi 39216
(601) 362-9329 or 1-800-23 DREAM

"F.A.C.E.S."
Furthering Adolescent Coping Through Education and Skills
c/o DREAM (Drug Research & Education Association)
Attention: Rick Lauman or Rusty McDaniel

"DRIVER'S EDUCATION"
Governor's Highway Safety Program
Ms. Margaret Graham
301 West Pearl Street
Jackson, Mississippi 39205
(601) 949-2225

OTHER RESOURCES

National Clearinghouses:

National Institute on Alcohol and Alcohol Abuse
Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Maryland 20852
(301) 468-2600

National Institute on Drug Abuse
Clearinghouse for Drug Information
P.O. Box 416
Kensington, Maryland 20795
(301) 443-6500

Wisconsin Clearinghouse for Alcohol and Other Drug Information
P.O. Box 1468
Madison, Wisconsin 53701
(608) 263-2797

Self-Help Groups:

Al-Anon Family Groups
Box 182
Madison Square Station
New York, New York 10159-0182
(212) 683-1771

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, New York 10163
(212) 686-1100

Families Anonymous
14617 Victory, #1
Van Nuys, California 91411
(818) 989-7841

Women for Sobriety
P.O. Box 618
Quakertown, Pennsylvania 18951
(215) 536-8026

Parent and Community Organizations:

The Chemical People
c/o Ricki Wertz
4802 Fifth Avenue
Pittsburgh, Pennsylvania 15213
(412) 622-1491

National Federation of Parents for Drug-Free Youth
8730 Georgia Avenue, Ste. 200
Silver Spring, Maryland 20910
(800) 554-5437

The National PTA Alcohol Education Publications
700 North Rush Street
Chicago, Illinois 60611
(312) 787-0977

Parent Resource Institute for Drug Education
(PRIDE)
Student Resource Institute for Drug Education
(STRIDE)
100 Edgewood Avenue, Ste. 1216
Atlanta, Georgia 30303
(800) 241-9726

Toughlove
P.O. Box 1069
Doylestown, Pennsylvania 18901
(215) 348-7090

Federal Government:

ACTION
Drug Prevention Program
806 Connecticut Avenue, NW, Room 516
Washington, DC 20525
(202) 634-9749

Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, Maryland 20852
(301) 443-4797

Office of the First Lady, Nancy Reagan
Director of Projects and Policy
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500
(202) 456-7905

U.S. Congress
House Select Committee on Narcotics Abuse Control
The Capitol
Washington, DC 20515
(202) 226-3040

U.S. Congress
Senate Subcommittee on Children, Family, Drugs and Alcoholism
The Capitol
Washington, DC 20515
(202) 224-5630

U.S. Department of Education
FOB 6, 400 Maryland Avenue, S.W.
Washington, DC 20202
(202) 426-6420

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 245-6296

U.S. Department of Justice
Drug Enforcement Administration
Office of Public Affairs
Prevention Program Coordinator
1405 I Street, N.W.
Washington, DC 20537
(202) 633-1469 or (202) 633-1230

National Associations and Not-for-Profit Organizations:

Alcohol and Drug Problems Association of North America
1101 15th Street, N.W., Ste. 204
Washington, DC 20006
(202) 737-4340

National Association of State Alcohol and Drug Abuse Directors
444 N. Capitol Street, N.W., Ste. 530
Washington, DC 20001
(202) 783-6868

National Council on Alcoholism
12 West 21st Street
New York, New York 10010
(212) 206-6770

National Partnership to Prevent Drug and Alcohol Abuse
1110 Vermont Avenue, N.W., Ste. 428
Washington, DC 20005
(202) 429-2940

NEW YOUTH PUBLICATION AND POSTER AVAILABLE

Communicating with Youth About Alcohol: Methods, Messages, and Materials

The National Institute on Alcohol Abuse and Alcoholism announces release of Communicating with Youth About Alcohol: Methods, Messages, and Materials, a new publication for volunteers and professionals working with young people. This booklet contains facts, ideas, and guidelines for developing public education materials such as posters, flyers, public service announcements, and billboards. The booklet discusses why adolescents drink and suggests messages and communication strategies known to be effective in helping them delay experimentation with alcohol or avoid regular use.

Efforts of many groups to educate youth to the dangers of drinking and driving appear to be working. Yet, more needs to be done. A recent nationwide study of class of 1985 high school seniors found that 92 percent had used alcohol. More disturbing, however, is that 37 percent engaged in heavy drinking (5 or more drinks per occasion) every 2 weeks. The reasons why adolescents drink alcohol are complex. Communicating with Youth About Alcohol is intended to help you to understand those reasons and to identify new approaches for deterring adolescents from drinking alcohol.

Live the Dream - A New Martin Luther King, Jr., Poster

"Live the Dream . . . Say no to alcohol and drug abuse" is the message of a new Martin Luther King, Jr., poster now available free from the National Clearinghouse for Alcohol Information (NCALI). The "Just Say No" theme is accompanied by a photograph of Dr. King and a quotation that encourages the viewer to refrain from abusing alcohol and other drugs.

The Martin Luther King, Jr., poster was originally developed in conjunction with the first national celebration of Dr. King's birthday. Multiple copies of this poster are available to organizations working to prevent alcohol and drug abuse among adolescents.

We urge you to let others in your community know about these publications. The enclosed "advertisements" may be used to announce their availability and the order form may be used to request additional copies.

NOTE: Although this particular publication or poster may be out of date at the time of request, additional information and available materials will be sent at your request.

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Publications Order Form

Name ______________________ Phone ____________

Organization ______________________________

Position in Organization ______________________________

Street Address ______________________________

City ______________ State ________ Zip ________

NCALI
National Clearinghouse for Alcohol Information
PO Box 2345
Rockville MD 20852
301 468 2600

Copies of the following products are available from the Clearinghouse at no cost. Check the items you would like to receive and return the completed form to the display table or mail to the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.

NEW PUBLICATIONS FOR YOUTH

Quantity	Code	Title
______	PH228	COMMUNICATING WITH YOUTH: METHODS, MESSAGES, AND MATERIALS. (1986) A practical guide for developing messages and materials about alcohol that appeal to youth. Includes recent data on the knowledge, attitudes, and pratices of youth related to alcohol. 30 pp. (Limit - single copy only.)
______	AV165	MARTIN LUTHER KING POSTER. (1986) Live the Dream.... Say no to alcohol and drug abuse. (22" x 15 1/2") (Limit - fifty per order.)

TREATMENT RESOURCES

HOSPITALS (PUBLIC AND PRIVATE)

Columbus Hospital, Inc.
Chemical Dependency Unit
P.O. Box 991
Columbus, MS 39701
Phone: 327-2950

Mississippi State Hospital
Alcohol Treatment Center
Whitfield, MS 39193
Phone: 939-1221

East Mississippi State Hospital
P.O. Box 4128, West Station
Meridian, MS 39301
Phone: 482-6186

This facility maintains separate male and female units, as well as a day care program.

Mississippi Baptist Medical Center
Chemical Dependency Unit
1225 North State St.
Jackson, MS 39201
Phone: 968-1106

This facility maintains a separate adolescent treatment unit.

Marian Hill Chemical Dependency Program
Mercy Regional Medical Center
100 McAuley Dr.
Vicksburg, MS 39180
Phone: 631-2700

Singing River Hospital System
Chemical Dependency Service
2809 Denny Ave.
Pascagoula, MS 39567
Phone: 938-5000

Sand Hill Hospital CPC
12222 Highway 49 North
Gulfport, MS 39503
Phone: 831-1700

RESTORE Chemical Dependency Treatment
Humana Hospital - Natchez
P.O. Box 1203
Natchez, MS 39120
Phone: 446-7711

Laurel Wood Psychiatric/Recovery Center
Highway 39 North
Meridian, MS 39303
Phone: 693-3344; 1-800-422-5563

Biloxi Regional Outreach
410 East Beach Blvd.
Biloxi, MS 39533
Phone: 374-2500

Brookwood/Parkside Recovery Center
5354 I-55 South Frontage Rd.
Jackson, MS 39212
Phone: 372-9788

This program offers a free standing chemical dependency treatment center.

The ARK
Mississippi Children's Home Society
P.O. Box 1078
Jackson, MS 39202
Phone: 355-0077 or 252-7784

Lexington House Corporation
116 Lexington Ave.
Jackson, MS 39209
Phone: 948-3923

Pine Grove Recovery Center
2255 Broadway Dr.
Hattiesburg, MS 39401
Phone: 264-0050

Veterans Administration Hospital
1500 East Woodrow Wilson
Jackson, MS 39216
Phone: 362-4471

This program offers both inpatient and outpatient treatment.

Veterans Administration Medical Center
Pass Rd.
Biloxi, MS 39531
Phone: 388-5541

Veterans Administration Medical Center
Psychiatric and Alcoholic Treatment Unit
Hwy. 90
Gulfport, MS 39501
Phone: 863-1972

Gulf Coast Community Hospital
Chemical Dependency Unit
4642 West Beach Blvd.
Biloxi, MS 39531
Phone: 388-5575

Delta Medical Center Care Unit
P.O. Box 5247
Crossroads Station
Greenville, MS 38701
Phone: 334-2200

Doctors Hospital of Jackson
Alcohol and Drug Center
2969 University Dr.
Jackson, MS 39216
Phone: 982-8321

COMMUNITY MENTAL HEALTH CENTERS

There are fifteen community mental health centers in Mississippi. Each provides a variety of alcohol and drug services at the local level. Most centers provide the following services: detoxification, individual counseling, group counseling, family counseling, family intervention, crisis intervention, emergency care, aftercare, employee assistance programs, partial hospitalization, residential treatment, vocational counseling, referral to other community services or resources, consultation and education, outreach, inpatient services, speakers available to community, and a 24-hour hotline. In addition, some centers offer specialized services for children and the elderly.

Community Mental Health Center locations and catchment areas are as follows:

Region 1 (Coahoma, Quitman, Tallahatchie, and Tunica Counties)

Comprehensive Center for Mental Health
1742 Cheryl St.
P.O. Box 1046
Clarksdale, MS 38614
Center Director and Alcohol/Drug Program Director: 627-7267

Satellite Centers:
Outreach workers in Quitman, Tallahatchie, and Tunica Counties

Region 2 (DeSoto, Calhoun, Lafayette, Marshall, Panola, Tate, and Yalobusha Counties)

Regional Mental Health - Mental Retardation Center
Hwy. 7 South Bypass
Rt. 4, Box 32
Oxford, MS 38655
Center Director and Alcohol/Drug Program Director: 234-7521

Satellite Centers:
Calhoun County--New Courtroom, Pittsboro, MS 38951, 983-4033
DeSoto County--Professional Bldg., 165 East South St., Hernando, MS 38632, 368-7875
Marshall County--160 Spring St., Holly Springs, MS 38635, 252-4140
Panola County--271 South Hwy. 51, Sardis, MS 38666, 487-2746
Yalobusha County--118 Blackmar Dr., Water Valley, MS 38965, 473-3693

In addition, services are available in Senatobia. For further information about these services, please call the Oxford office.

Region 3 (Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, and Union Counties)

Region 3 Mental Health Center
605 Eason Blvd.
Tupelo, MS 38801
Center Director and Alcohol/Drug Program Director: 844-1717

Satellite Centers:
Benton County--Address not available
Chickasaw County--Hwy. 8 East, C/O Medical Plaza, Houston, MS 38851, 456-4211
Itawamba County--P.O. Box 87, Crane Office Bldg., Fulton, MS 38843, 862-9898
Monroe County--Aberdeen Medical Clinic, 501 S. Chestnut, Aberdeen, MS 39730, 369-8622
Pontotoc County--Address not available
Union County--205 Oxford Rd., New Albany, MS 38655, 534-9577

Region 4 (Alcorn, Prentiss, Tippah, and Tishomingo Counties)

Timber Hills Mental Health Services
U.S. Hwy. 45
P.O. Box 830
Corinth, MS 38834
Center Director and Alcohol/Drug Program Director: 286-6908

Satellite Centers:
Prentiss County--Hwy. 30 Bypass, Box 716, Booneville, MS 38829, 728-3174
Tippah County--716 South Main, Ripley, MS 38663, 837-8154
Tishomingo County--Box 545, Iuka, MS 38852, 423-3332

Region 5 (Bolivar, Issaquena, Sharkey, and Washington Counties)

Delta Community Mental Health Services
1654 East Union
P.O. Box 5365
Greenville, MS 38704-5365
Center Director and Alcohol/Drug Program Director: 335-5274

Satellite Centers:
Sharkey County--Race St., Rolling Fork, MS 39159, 873-6228
Bolivar County--404 North Pearman Rd., Cleveland, MS 38732, 843-9445 or 846-7556

Region 6 (Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, and Sunflower Counties)

Region VI Community Mental Health/Mental Retardation Center
Old Browning Rd.
P.O. Box 1505
Greenwood, MS 38930
Center Director and Alcohol/Drug Program Director: 453-6211

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Satellite Centers:
Attala County--111 Bell St., Kosciusko, MS 39090, 289-4735
Carroll County--Carroll County Health Dept., Carrollton, MS 38917, 237-6690
Grenada County--1241 South Mound, Grenada, MS 38901, 226-1112
Holmes County--Public Health Dept., Lexington, MS 39095, 834-1709
Humphreys County--113 Church St., Belzoni, MS 39038, 247-3256
Montgomery County--Health Dept., Winona, MS 38967, 283-2529
Sunflower County--Old Nurses Home Bldg., Baker St., Indianola, MS 38751, 887-5441

Region 7 (Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, and Winston Counties)

Community Counseling Services
117 W. Lampkin
Starkville, MS 39759
Center Director: 323-9261; Alcohol/Drug Program Director: 328-9225
Hot Line: 328-0200

Satellite Centers:
Choctaw County--School Administration Bldg., Ackerman, MS 39735, 285-6467
Clay County--221 Commerce St., West Point, MS 39773, 494-7060
Lowndes County--1605 Gardner Blvd., Columbus, MS 39701, 328-9225
Noxubee County--507 Jefferson St., Macon, MS 39341, 726-5042
Webster County--County Office Bldg., 200A E. Fox Ave., Eupora, MS 397444, 258-8147
Winston County--Court Street (Rear of County Courthouse), Louisville, MS 39339, 773-9377

Region 8 (Madison, Rankin, and Simpson Counties)

Human Services Center
Hwy. 80 East, Crossgates
P.O. Box 88
Brandon, MS 39042
Center Director: 825-8800; Alcohol/Drug Program Director: 847-4410

Satellite Centers:
Simpson County--210 Polly St., P.O. Box 578, Mendenhall, MS 39114, 847-4410
Madison County--929 N. Liberty St., P.O. Box 526, Canton, MS 39046, 859-8371

Region 9 (Copiah and Hinds Counties)

Jackson Mental Health Center
St. Dominic-Jackson Memorial Hospital
969 Lakeland Dr.
Jackson, MS 39216
Center Director and Alcohol/Drug Program Director: 982-8811

Satellite Centers:
Copiah County--Copiah County-Jackson Mental Health Center, 153 Downing St., Hazlehurst, MS 39083, 894-1479

Region 10 (Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Smith, and Scott Counties)

Weems Community Mental Health Center
Box 4378, West Station
Meridian, MS 39304
Center Director and Alcohol/Drug Program Director: 483-4821

Satellite Centers:
Lauderdale County--Storefront Office, 2513 Fifth St., Meridian, MS 39301, 693-5647
Clarke County--Clarke County Courthouse, 2nd Floor, P.O. Box 286, Quitman, MS 39355, 776-6051
Jasper County--Jasper County Courthouse, Box 107, Bay Springs, MS 39422, 764-2201
Kemper County--Kemper County Courthouse, DeKalb, MS 39328, 743-5616
Leake County--303 Hwy. 16 West, P.O. Box 22, Carthage, MS 39051, 267-3551
Neshoba County--P.O. Box 423, Philadelphia, MS 39350, 656-3451
Newton County--County Courthouse, Box 281, Decatur, MS 39327, 635-3342
Scott County--Scott County Health Dept., Forest, MS 39074, 469-2211
Smith County--Smith County Health Dept., Raleigh, MS 39153, 782-9461

Region 11 (Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, and Wilkinson Counties)

Southwest Mississippi Mental Health Complex
P.O. Box 592
McComb, MS 39648
Center Director: 684-2173

Satellite Centers:
Adams County--P.O. Box 1710, Natchez, MS 39120, 446-6634
Amite County--Box 267, Liberty, MS 39645, 657-4354
Claiborne County--Box 624, Port Gibson, MS 39150, 437-8185
Franklin County--Box 385, Meadville, MS 39653, 384-2261
Jefferson County--Box 369, Fayette, MS 39069, 786-8091
Lawrence County--Box 8, Monticello, MS 39654, 587-4674
Lincoln County--P.O. Box 1307, Brookhaven, MS 39601, 833-5386
Pike County--Box 592, McComb, MS 39648, 684-2173
Walthall County--Box 406, Tylertown, MS 39667, 876-4721
Wilkinson County--Box 1112, Woodville, MS 39669, 446-6634

Region 12 (Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Marion, Perry, and Wayne Counties)

Pine Belt Mental Health and Retardation Services
P.O. Drawer 1030
Hattiesburg, MS 39401
Center Director and Alcohol/Drug Program Director: 544-4357 (Hattiesburg) or 649-7921 (Laurel)

Satellite Centers:
Jones County--420 6th Ave., P.O. Box 113, Laurel, MS 39440, 649-7921
Covington County--1st and Fir Streets, Collins, MS 39428, 765-4514
Lamar County--Phillips Office Complex No. 4, Purvis, MS 39475, 794-6543
Marion County--900 Sumrall Rd., Columbia, MS 39429, 736-6799
Perry County--Courthouse Annex, New Augusta, MS 39462, 964-8204
Greene County--Greene County Hospital, Leakesville, MS 39451, 394-5047

Aftercare and clinical services are provided in the following counties on a part-time basis:

Jefferson Davis County--Courthouse Annex (Wednesday), Prentiss, MS 39474
Wayne County--Old Wayne County General Hospital (Tuesday and Thursday), Waynesboro, MS 39367, 735-3350

Region 13 (Hancock, Harrison, Pearl River, and Stone Counties)

Gulf Coast Mental Health Center
4514 Old Pass Rd.
Gulfport, MS 39501
Center Director and Alcohol/Drug Program Director: 863-1132

Satellite Centers:
Harrison County--Barq Bldg., Biloxi, MS 39531, 432-8326
Harrison County--Adult Activity Center, 415 9th Ave., Gulfport, MS 39501, 863-1379 or 864-7133
Pearl River County--The Pride Bldg., Palestine Rd., Picayune, MS 39466, 798-7001
Hancock County--St. Augustine Seminary, Ulman Ave., Bay St. Louis, MS 39520, 467-0732 or 467-1881
Stone County--214 North Critz, Wiggins, MS 39577, 928-2357

Region 14 (George and Jackson Counties)

Singing River Services
4507 McArthur St.
Pascagoula, MS 39567
Center Director and Alcohol/Drug Program Director: 769-1793

Satellite Centers:
George County--202B W. Main St., Lucedale, MS 39452, 947-4012
Jackson County--509 Washington Ave., Ocean Springs, MS 39564, 875-6729

Region 15 (Warren and Yazoo Counties)

Warren-Yazoo Mental Health Service
P.O. Box 1418
Vicksburg, MS 39180
Center Director: 638-0031

Satellite Centers:
Yazoo County--421 East Broadway St., Box 81, Yazoo City, MS 39194, 746-5712

HALFWAY HOUSES

Fairland House
200 Fairland Place
Clarksdale, MS 38614
Phone: 624-2152

Serves male and female clients.

The Haven House
Rt. 4, Box 32
Oxford, MS 38655
Phone: 234-7237

Serves male clients only.
Alcohol dependent clients.

Harbor House - Male Unit
Hwy. 78 East
Rt. 2, Box 164
Tupelo, MS 38801
Phone: 844-3531

Alcohol dependent clients.

Harbor House - Female Unit
Tombigbee State Park Rd.
Rt. 2, Box 164
Tupelo, MS 38801
Phone: 844-9215

Alcohol dependent clients.

Timber Hills Haven House
1402 4th St.
Box 830
Corinth, MS 38834
Phone: 286-6908

Serves male clients only.
Alcohol dependent clients.

Nunan Alcohol Residential Center
Rt. 1, Box AB-51
Bldg. 354
Greenville, MS 38701

Serves male clients only.
Alcohol dependent clients.

Denton House
P.O. Box 1505
Greenwood, MS 38930
Phone: 455-3222

Serves male clients only.
Alcohol dependent clients.

The Pines Alcohol Rehabilitation Center
108 Tenth St. North
Columbus, MS 39701
Phone: 327-7916

Serves male clients only.
Alcohol dependent clients.

New Roads Halfway House
Rt. 2, Box 10-A
Mendenhall, MS 39114
Phone: 847-2623

Serves male clients only.
Alcohol dependent clients.

Harbor House of Jackson, Inc. - Male Unit
1019 West Capitol St.
P.O. Box 2917
Jackson, MS 39207
Phone: 355-0061

Alcohol dependent clients.

Harbor House of Jackson, Inc. - Female Unit
3588 Flowood Dr.
Pearl, MS 39208
Phone: 932-3020

Alcohol dependent clients.

Harmony House
2806 7th St.
Meridian, MS 39301
Phone: 693-1001

Serves male and female clients.
Alcohol dependent clients.

Live Oaks
Rt. 9, Box 181
Gulfport, MS 39503
Phone: 863-0091

Newhaven House
110 Brookhaven St.
P.O. Box 1307
Brookhaven, MS 39601
Phone: 833-3698

Serves male and female clients.
Alcohol dependent clients.

Serenity House
711 Royal St.
Laurel, MS 39440
Phone: 428-7241

Serves male clients only.
Alcohol dependent clients.

Stevens Center
4431 West Jefferson St.
Pascagoula, MS 39567
Phone: 769-1280

Serves male and female clients.
Alcohol dependent clients.

Belmont House
809 Belmont St.
Vicksburg, MS 39180
Phone: 643-0181

Serves male clients only.

THREE-QUARTERWAY HOUSES

Transition Program
Rt. 2, Box 164
Tupelo, MS 38801
Phone: 841-2403

Serves only male clients who have completed the Tupelo Harbor House program at this time.

Nunan Center Three-Quarterway House
Rt. 1, Box AB-51
Greenville, MS 38701
Phone: 335-7146

Serves male clients only.

Wayside Cottage
P.O. Box 1505
Greenwood, MS 38930
Phone: 453-8701

Serves male clients only.

Transition House
P.O. Box 101
Sanatorium, MS 39112
Phone: 849-4426
Serves male and female clients.

Caduceus Outpatient Addiction Center
C.O.P.A.C., Inc.
415 Comet Dr., Suite 3
Jackson, MS 39206
Phone: 366-7483
Serves male and female clients.

Lexington House
116 Lexington Ave.
Jackson, MS 39209
Phone: 948-3923
Serves male clients only.

New Hope Three-Quarterway House
428 Hooker St.
Jackson, MS 39204
Phone: 352-7541
Serves male clients only.

Alpha House - Men's Unit
1519 Northwest St.
Jackson, MS 39201
Phone: 354-3346

Alpha House - Women's Unit
1313 N. President
Jackson, MS 39201
Phone: 353-2726

Recovery House
712 Royal St.
Laurel, MS 39440
Phone: 425-5161
Serves male clients only.

The Green House
4307 Chicot Rd.
Pascagoula, MS 39567
Phone: 769-1106
Serves male clients only.

OTHER RESIDENTIAL PROGRAMS

In addition to the facilities listed above, there are other residential programs whose services differ from those above. Services offered vary widely; for more information, contact individual programs.

Bethel Ministries, Inc.
1279 N. West St.
Jackson, MS 39202
Phone: 355-0797
Serves male clients only.

Friends of Alcoholics
Hwy. 49
Pocahontas, MS 39072
Phone: 362-4275 (Men) or 362-3648 (Women)

Serves male and female clients.

Gulf Coast Rescue Mission
119 Campbell Rd.
P.O. Box 4531
Biloxi, MS 39531
Phone: 388-3884

Home of Grace
14200 Jericho Rd.
Ocean Springs, MS 39564
Phone: 826-5283
Contact: Reverend William Barton

Teen Challenge of Mississippi
P.O. Box 1143
Pascagoula, MS 39567

Serves female clients only.

SPECIFIED POPULATION PROGRAMS

In addition to the programs already listed, Mississippi has three specified population programs. Although they serve limited populations, the services provided in these programs are similar to those provided by other treatment resources.

Alcohol Services Center
838 North West St.
Jackson, MS 39202
Phone: 948-6220

Eligibility: Residents of Hinds County.

With an emphasis on treatment of low income groups, the Alcohol Services Center provides a program that includes crisis intervention, counseling, and referral services. This program has an active outreach service into low income areas and also conducts an intervention program at the Jackson jail.

Choctaw Community Mental Health Center
Mississippi Band of Choctaw Indians
Tribal Office Bldg.
Rt. 7, Box 21
Philadelphia, MS 39350
Phone: 656-2211

Eligibility: Residents of the Choctaw community.

The Mississippi Band of Choctaw Indians maintains a program of treatment and prevention services which includes counseling, referral, outreach and education.

Dept. of Alcohol and Drug Rehabilitation
Mississippi State Penitentiary
P.O. Box 278
Parchman, MS 38738
Phone: 745-6611, ext. 286 or 289

Eligibility: Inmates of the Penitentiary.

The Mississippi State Penitentiary at Parchman provides counseling and rehabilitation services for inmates during their period of incarceration and after their release. Alcoholics Anonymous is an important component of both phases of the program. Referral to Vocational Rehabilitation and other community service agencies is provided for program participants after their period of incarceration.

SPECIAL PROGRAMS

Salvation Army Corps

The Salvation Army Corps supplies a unique program of spiritual counseling and reorientation. The Corps supplies food, shelter, and spiritual counseling on a short-term emergency basis. For those wishing to reorganize their lives, a longer term program of work opportunity, religious activities, counseling, recreation, and board is offered within the Army's social, religious, and thrift store program. Board is available at some locations in a dormitory setting. The addresses of the Salvation Army Corps are as follows:

1122 E. Howard Ave.
P.O. Box 9
Biloxi, MS 39530
Phone: 432-1601

301 N. 24th St.
P.O. Box 8
Columbus, MS 39701
Phone: 328-1611

524 N. Broadway
P.O. Box 1144
Greenville, MS 38701
Phone: 378-8070

209 Stone
P.O. Box 693
Greenwood, MS 38930
Phone: 453-3234

2190 O'Donneel Blvd.
Gulfport, MS 39501
Phone: 896-1856

612 Plum St.
Hattiesburg, MS 39401
Phone: 544-3684

205 N. 31st St.
P.O. Box 2548
Laurel, MS 39440
Phone: 428-5219

615 Bendet St.
P.O. Box 488
McComb, MS 39648
Phone: 684-2431

117 6th Ave., 710 B. St.
P.O. Box 422
Meridian, MS 39301
Phone: 483-6156

509 N. Canal
P.O. Box 231
Natchez, MS 39120
Phone: 422-0217

Jackson Ave.
P.O. Box 784
Pascagoula, MS 39567
Phone 762-7222

703 Daybrite Dr.
Tupelo, MS 38801
Phone: 892-9222

430 West Pascagoula St.
P.O. Box 448
Jackson, MS 39205
Phone: 948-0737

806 Locust St.
P.O. Box 1166
Vicksburg, MS 39180
Phone: 636-2706

Alcoholics Anonymous

All of the cities listed below have Alcoholics Anonymous groups. Locations of Alanon (for spouses of alcoholics) and Alateen (for children of alcoholics) are indicated below by the letters A and AT respectively.

Aberdeen	A	AT
Amory	A	
Batesville	A	
Bay Springs	A	
Bay St. Louis	A	
Biloxi		
Booneville	A	
Brandon	A	
Brookhaven	A	
Bruce		
Caledonia		
Canton	A	
Carthage	A	
Clarksdale	A	AT
Cleveland	A	
Clinton		
Columbia		
Columbus	A	
Corinth	A	
Crystal Springs		
Drew	A	AT
Ellisville		
Eupora	A	
Forest		
Fulton	A	
Greenville	A	AT
Greenville Air Base		
Greenwood	A	
Grenada	A	AT
Gulfport	A	
Hattiesburg	A	
Hazlehurst		
Hernando	A	
Holly Springs	A	
Houston		
Itta Bena		
Iuka		
Jackson	A	AT
Kosciusko		
Laurel	A	
Leland	A	
Lexington	A	
Liberty	A	
Long Beach	A	AT
Louisville	A	AT
Lumberton		
McComb	A	AT
Mayersville		
Mendenhall		
Meridian	A	
Natchez	A	
New Albany	A	
Ocean Springs	A	
Okolona		
Oxford	A	
Pascagoula	A	AT
Pass Christian		
Pearl		
Philadelphia	A	
Picayune	A	
Pontotoc	A	
Port Gibson		
Prentiss		
Purvis		
Quitman		
Ripley	A	
Rolling Fork	A	
Starkville	A	
Southaven		
Tupelo	A	AT
Tunica		
Vicksburg	A	
Waynesboro	A	
West Point		
Wiggins		
Winona		
Yazoo City		

General Hospitals/Hospitals Receiving Methadone

Almost any hospital or medical clinic within the state, along with private physicians, can and will provide emergency medical treatment for alcohol and drug abusers.

Three hospitals within the state are approved by the Department of Mental Health and the Food and Drug Administration to receive supplies of methadone to be used for analgesia in severe pain and for detoxification and temporary maintenance as specified in the federal regulations on methadone.

St. Dominic-Jackson Memorial Hospital
969 Lakeland Dr.
Jackson, MS 39216

University Hospital
2500 N. State St.
Jackson, MS 39216

East Mississippi State Hospital
P.O. Box 4128, West Station
Meridian, MS 39301

Mississippi Alcohol Safety Education Program (MASEP)

MASEP is a court-referred statewide education program for first DUI (Driving Under the Influence) offenders. By completing the 10-hour, 4-week course, the offender's driving privilege will be reinstated by the Mississippi Highway Safety Patrol. There are 17 MASEP schools across the state. There is a school geographically located within about 40 miles of any offender. For further information, call the number below.

Mississippi Alcohol Safety Education Program (MASEP)
P.O. Box 5287
Mississippi State, MS 39762
Toll Free (Mississippi Only): 1-800-222-1810, ext. 3423
(Outside Mississippi): 601-325-3423

Domestic Violence Shelters

Catholic Charities, Inc.
748 N. President St.
Jackson, MS 39205
Phone: 355-8634

Gulf Coast Women's Center
P.O. Box 333
Biloxi, MS 39533
Phone: 435-1968

Project Safe, Inc.
c/o State Board of Health
P.O. Box 199
Tupelo, MS 38801
Phone: 842-4966

The Salvation Army
P.O. Box 784
Pascagoula, MS 39567
Phone: 762-7222

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National Council on Alcoholism of Central Mississippi Area, Inc.

This agency serves as a community liaison and is funded through the United Way. Services include crisis counseling for alcoholics and their families, group counseling for alcoholics, intervention, referral, education, and literature distribution.

National Council on Alcoholism of Central Mississippi Area, Inc.
1510 N. State St.
Jackson, MS 39202
Phone: 354-3253

Drug Research and Education Association of Mississippi (DREAM)

DREAM is a non-profit statewide organization formed from the private sector with the primary aim of establishing a drug-free, healthy environment for children. It serves as a clearinghouse for information, offers a speakers bureau, and provides assistance to local communities in developing awareness programs and establishing community drug abuse prevention and education programs.

DREAM
1991 Lakeland Dr., Suite B
Jackson, MS 39216
Phone: 362-9239 or (Toll Free) 1-800-233-7326

Vet Center

This program provides readjustment counseling to Vietnam-era veterans (those who served in the Armed Forces from August 4, 1964 to May 7, 1975). Services include individual, group, family, and marital counseling with emphasis on rap groups. Problems dealt with include alcohol and drugs; anxiety, fear, and flashbacks related to the military experience; homicide and suicide; and Agent Orange problems.

Vet Center
158 E. Pascagoula St.
Jackson, MS 39201
Phone: 353-4912

NOTE: Additional Numbers:

CONTACT crisis intervention service, Jackson -- 969-7272
Counseling and Testing Center, Jackson -- 362-9325
Gulf Oaks Hospital and Clinic, Biloxi -- 388-0600
Meridian Regional Hospital, Meridian -- 483-6211
Narcotics Anonymous support group, Jackson -- 949-7106
New Horizons, Jackson -- 355-2126
The Oaks Outpatient Recovery Center, Jackson -- 373-0613
Turning Point treatment center, Jackson -- 383-0600
National numbers include the COCAINE ABUSE HOTLINE -- 1-800-262-2463 (COCAINE)

THE NEW MISSISSIPPI DRINKING AGE LAW

Effective October 1, 1986, it is illegal for any person under the age of 21 to possess or be sold, given or furnished beer or light wine. This law has serious consequences for persons who provide or sell beer and light wine to minors (under 21) as well as for underage drinkers.

Persons under 21 who purchase or possess beer or light wine shall be guilty of a misdemeanor under the new law. Upon conviction, punishment will be a fine of not less than $25 nor more than $500 and/or a sentence to not more than 30 days of community service.

If a person under 21 falsely states or provides documentation, such as an altered drivers license, that he or she is 21 or older for the purpose of purchasing beer or light wine, the penalties include a fine of not less than $25 nor more than $500 and/or a sentence to not more than 30 days community service.

There are three exceptions to the law in regard to possession of beer or light wine by a minor. First, a person who is at least 18 but under 21 may possess and consume light wine or beer with the consent of and in the presence of a parent or legal guardian.

Second, a person who is at least 18 years of age and who is serving in the United States armed services may lawfully possess and consume light wine and beer on military property where its consumption is allowed. Finally, a minor will not be charged with unlawful possession if he or she deals with beer and light wine on the job, as in clearing and waiting on tables or handling purchases of light wine or beer at a store.

For the holder of a license to sell beer or light wine, the penalties for selling alcohol to a minor on the premises increase with each offense:

--On first offense, the license holder may be fined not more than $500 and/or will be prohibited from selling beer or wine on the premises from which the sale occurred for three months.

--On second offense within 12 months of the first offense, the penalty will be a fine of not more than $1,000 and/or prohibited from selling beer or wine from the premises from which the sale occurred for six months.

--On the third or subsequent offense within 12 months of the first offense, the license holder may be fined not more than $5,000 and/or be prohibited from selling beer or wine from the premises from which the sale occurred for one year.

The license holder will not be responsible for selling alcohol to a minor if the minor presents apparently valid identification stating that he or she is over 21.

Buying or otherwise making beer or light wine available to a minor will be punishable as a misdemeanor. Upon conviction, the person who knowingly furnishes the alcohol to the underage drinker will be fined not less than $100 nor more than $500 and/or sentenced to not more than 30 days community service.

The parents or legal guardian of a minor are exempt from this provision. The law provides that a person under 21 may consume beer and light wine with the consent of and in the presence of a parent or legal guardian.

YOUTH COURT AND DISPOSITION ALTERNATIVES OF THE YOUTH COURT JUDGE

The concept of youth courts began to develop in the late 1300s in England from the theory that the king had authority to protect those individuals who were incapable of caring for themselves. Children were among those designated for the king's protection. From this theory "the relationship between the state and children in need of protection developed into an entire legal system personified by the modern youth court."

Mississippi youth courts now operate under laws passed by the legislature in 1979-1980, collectively called the Mississippi Youth Court Act. In Mississippi, the youth court judge has power to act in relation to children who are under the age of 18 and not serving in the armed forces.

Jurisdiction [43-21-151]

(1) The youth court shall have exclusive original jurisdiction in all proceedings concerning a delinquent child, a child in need of supervision, a neglected child, or an abused child.

(2) Jurisdiction of the child in the case shall attach at the time of the offense and shall continue thereafter for that offense until the child's twentieth birthday, unless sooner terminated by order of the youth court. The youth court shall not have jurisdiction over offenses committed by a child on or after his eighteenth birthday.

(3) No child who has not reached his thirteenth birthday shall be held criminally responsible or criminally prosecuted for a misdemeanor or a felony. No child under the jurisdiction of the youth court shall be held criminally responsible or criminally prosecuted by any court for any act designated as a delinquent act, unless jurisdiction is transferred to another court under section 43-21-157.

(4) The youth court shall also have jurisdiction of offenses committed by a child which have been transferred to the youth court by an order of a circuit court of this state having original jurisdiction of the offense, as provided by section 43-21-159.

Powers of Youth Court; Contempt [43-21-153]

(1) The youth court shall have full power and authority to issue all writs and processes including injunctions necessary to the exercise of jurisdiction and to carrying out the purpose of this chapter.

(2) Any person who wilfully violates, neglects or refuses to obey, perform or comply with any order of the youth court shall be in contempt of court and punished by a fine not to exceed five hundred

dollars ($500) or by imprisonment in jail not to exceed ninety (90) days, or by both such fine and imprisonment.

Definitions ([43-21-105, (i) (j)]

(i) "Delinquent child" means a child who has reached his/her tenth birthday and who has committed a delinquent act.

(j) "Delinquent act" is any act, which if committed by an adult, is designated as a crime under state or federal law, or municipal or county ordinance other than offenses punishable by life imprisonment or death. A delinquent act includes escape from lawful detention.

Disposition Alternatives in Delinquency Cases [43-21-605]

(1) In delinquency cases, the disposition order may include any of the following alternatives or combination of the following alternatives, giving precedence in the following sequence:

(a) release the child without further action;

(b) place the child in the custody of the parents, a relative or other persons subject to any conditions and limitations, including restitution, as the youth court may prescribe;

(c) place the child on probation subject to any reasonable and appropriate conditions and limitations, including restitution, as the youth court may prescribe;

(d) order terms of treatment calculated to assist the child and the child's parents or guardian which are within the ability of the parent or guardian to perform;

(e) order terms of supervision which may include participation in a constructive program of service or education or civil fines not in excess of three hundred dollars ($300), or restitution not in excess of actual damages caused by the child to be paid out of his own assets or by performance of services acceptable to the victims and approved by the youth court and reasonably capable of performance within one (1) year;

(f) suspend the child's driver's license by taking and keeping it in custody of the court for not more than one (1) year; or

(g) give legal custody of the child to any of the following:

(i) the Department of Public Welfare for appropriate placement; or

(ii) any public or private organization, preferably community-based, able to assume the education, care and maintenance of the child, which has been found suitable by the court; or

(iii) the Department of Youth Services for placement in a state-supported training school, except that no child under the age of ten (10) years shall be committed to a state training school. The training school may retain custody of the child until the child's twentieth birthday but for no longer. The superintendent of a state training school may parole a child at any time he may deem it in the best interest and welfare of such child. Twenty (20) days prior to such parole, the training school shall notify the committing court of the pending release. The youth court may then arrange subsequent placement after a reconvened disposition hearing except that the youth court may not recommit the child to the training school or any other secure facility without an adjudication of a new offense or probation or parole violation. Prior to assigning the custody of any child to any private institution or agency, the youth court through it designee shall first inspect the physical facilities to determine that they provide a reasonable standard of health and safety for the child.

(2) Fines levied under this chapter shall be paid into the general fund of the county but, in those counties wherein the youth court is a branch of the municipal government, it shall be paid into the municipal treasury.

(3) Any institution or agency to which a child has been committed shall give to the youth court any information concerning the child as the youth court may at any time require.

Sales to Minors Prohibited; Penalties [67-1-81]

Any permittee or other person who shall sell, furnish, dispose of, give, or cause to be sold, furnished, disposed of, or given, any alcoholic beverage to any person under the age of twenty-one (21) years shall be guilty of a misdemeanor and shall be punished by a fine of not less than five hundred dollars ($500) nor more that one thousand dollars ($1,000) for a first offense. For a second or subsequent offense, such permittee or other person shall be punished by a fine of not less than one thousand dollars ($1,000) nor more than two thousand dollars ($2,000), or by imprisonment for not more than one (1) year, or by both such fine and imprisonment in the discretion of the court. Upon conviction of a second offense under the provisions of this section the permit of any permittee so convicted shall be automatically and permanently revoked.

Any person under the age of twenty-one (21) years who purchases, receives, or has in his or her possession in any public place, any alcoholic beverages, shall be guilty of a misdemeanor and shall be punished by a fine of not more than one hundred dollars ($100). Provided that clearing or busing tables that have glasses or other containers that contain or did contain alcoholic beverages shall not be deemed possession of alcoholic beverages for the purposes of this section. Any person under said age who knowingly makes a false statement to the effect that he or she is twenty-one (21) years old or older to any person engaged in the sale of alcoholic beverages for the purpose of obtaining the same shall be guilty of a misdemeanor and shall be punished by a fine of not more than two hundred dollars ($200), and on failure to pay such fine and all costs shall be imprisoned for not less than five (5) nor more than thirty (30) days in the county jail.

THE IMPLIED CONSENT LAW

The license to operate a motor vehicle on the highways of our state is a privilege, not a right. The privilege may be withheld or withdrawn as provided by law. Driving under the influence is an abuse of the driving privilege which falls under a legal statute known as the Implied Consent Law. Basically, the Implied Consent Law means that if you operate a motor vehicle in the state of Mississippi upon public highways, roads, and streets, you have given your consent to take a chemical breath test to determine your blood alcohol concentration. The approved way of determining blood alcohol concentration is by measurement of the alcohol content of deep lung air by use of the intoximeter or intoxilyzer.

Under the Implied Consent Law, you may at your own expense have a qualified person of your choosing administer a test which is approved by the State Crime Laboratory for the purpose of determining the amount of alcohol in the blood as shown by chemical analysis of blood, breath, or urine. Note, however, such test is to be in addition to the breath test requested by the officer and the failure or inability to obtain this additional test shall not preclude the admissibility in evidence of the test taken at the direction of the law enforcement officer.

Some may think that they would have been better off refusing the breath test if they had known they had drunk too much. This is not true under the Mississippi Implied Consent Law as refusal of the test carries an administrative license suspension of 90 days for first offenders and a 1-year license suspension for any repeat offense under 63-11-30. These administrative penalties are in addition to the suspension you will receive if you are convicted of DUI. Remember, in Mississippi you can be convicted of DUI without test results on the basis of conventional evidence.

One other point should be pointed out with regard to testing under the Implied Consent Law. If the officer has reasonable grounds and probable cause to believe that you are driving while under the influence of any other substance which would impair your ability to operate a motor vehicle, the officer can request you to take a test of your blood or urine to determine the presence of this substance. By Law:

> [63-11-5] A person may give his consent to a chemical test or tests of his blood or urine for the purpose of determining the presence in his body of any other substance which would impair a person's ability to operate a motor vehicle.

As noted, you may consent to this test, but you do not have to. However, if you refuse to consent to this test, the following presumption of guilt clause applies:

> [63-11-39] Upon the trial of any person charged with driving under the influence of any substance other than intoxicating liquor which had impaired such person's ability to operate a motor vehicle, where such person refused to consent to a chemical

> test of his blood . . . the fact that such person refused to consent to a chemical test of his blood shall be admissible in evidence and shall give rise to the presumption that had any such test been given, it would have disclosed the presence of a substance other than intoxicating liquor in his body which impaired this ability to operate a motor vehicle.

The Legal BAC's Associated with DUI. In Mississippi you are deemed to be driving while under the influence of intoxicating liquor (DUI) if you have a BAC of .10 or above. However, BAC levels are only additional evidence of driving under the influence and no provisions of the Implied Consent Act limits introduction of other competent evidence. In other words, you may be convicted of DUI with a BAC lower than .10 or even when BAC tests are unavailable.

Penalties for DUI

Driving under the influence is an abuse of the driving privilege which carries a number of penalties. These penalties become more severe upon each subsequent offense under the law.

First Offense--within five years (with chemical test results or with test results unavailable)

[63-11-30(2)(a)]: Shall be fined not less than $500 or imprisoned for not more than 24 hours in jail, or both; and the court shall order person to attend and complete MASEP.

License suspension: With MASEP completion, license suspension is 90 days or until MASEP is completed, whichever is greater, with the period of suspension not to exceed 1 year.

Second Offense--within five years

[63-11-30(2)(b)]: Shall be fined not less than $400 nor more than $1,000 and shall be imprisoned not less than 48 consecutive hours nor more than 1 year or sentenced to community service work for not less than 10 days nor more than 1 year.

Two year license suspension, or receive an in-depth diagnostic assessment and participate in alcohol/drug treatment certified by the Department of Mental Health. Such person shall be eligible for reinstatement of his driving privileges upon successful completion of such treatment or a period of 1 year after such person's driver's license is suspended, whichever is greater.

Third or Subsequent Offense--within five years

[63-11-30(2)(c)]: Shall be fined not less than $500 nor more than $1,000 and shall be imprisoned not less than 30 days nor more than 1 year.

Three year license suspension, or receive an in-depth diagnostic assessment and participate in alcohol/drug treatment certified by the Department of Mental Health. Such person shall be eligible for reinstatement of his driving privileges upon successful completion of such treatment or a period of 1 year after such person's driver's license is suspended, whichever is greater.

DUI-Refused Test

DUI

[63-11-30(3)]: Shall be fined not less than $500 nor more than $1,000 or may be imprisoned not more than 1 year, or both.

License suspension is the same as for first, second, third or subsequent offenses above.

Refused Test

[63-11-23(1)]: In addition to the judicial suspension, there is an administrative license suspension of 90 days for first offense; 1 year for any repeat offense under 63-11-30.

NOTE: The first offender of DUI-rt may attend MASEP. Upon successful completion, license reinstatement can be effected after requirements of other sections of the Implied Consent Law are met.

Second, third, or subsequent DUI-rt offenders are eligible for diagnostic assessment and alcohol/drug treatment and are eligible for reinstatement as provided for their respective offense after other sections of the Implied Consent Act are met.

First Offender Hardship [63-11-37(2)]:

Shall be ordered to attend and complete MASEP.

County court or circuit court having jurisdiction may, in its discretion, or petition, reduce the period of revocation or suspension of license . . . to a period of not less than 45 days or until MASEP is completed, whichever is greater.

Driving while License or Privilege is Canceled, Revoked, or Suspended

[63-11-40]: Upon conviction shall be punished by not less than 48 hours nor more than 6 months imprisonment and fined not less than $200 nor more than $500.

License suspended for an additional 6 months. Additional suspension begins at end of original suspension to run consecutively.

Negligent Operation of a Motor Vehicle-Causing Serious Injury or Death (Section 13)

"Every person who operates any motor vehicle in violation of . . . Section 63-11-30(1) and who in a negligent manner causes the death of another or mutilates, disfigures, permanently disables . . . another [person] shall, upon conviction, be guilty of a felony and shall be committed to the custody of the State Department of Corrections for a period . . . not to exceed five (5) years.

Costs of a DUI

1. Problems with insurance as a result of DUI conviction
    a. Rates increase.
    b. Policy may be canceled.
    c. Insurance may not be obtained from other companies at standard rates.
    d. Bodily-injury and property damage liability insurance will be at a higher cost.
    e. Loss of insurance means loss of driver's license, in some states.
2. Court Costs
    a. As a convicted DUI, you cost the police and courts in terms of time and energy. These costs in turn are absorbed by taxpayers.
    b. As an offender, you pay fees of the court and attorney.
3. As a result of a DUI, you may be held responsible for doing bodily harm to an individual or destroying property.
    a. You may be liable for one or both which in either case may result in an extreme financial obligation which may last you a lifetime.
    b. Personal hardship can be yours and your parents as a result.

Breath Test and the Intoxilyzer

The most inexpensive way to measure BAC is through the use of breath analysis machines. Mississippi uses the intoxilyzer. The intoxilyzer measures the concentration of alcohol vapor rising from tiny blood vessels deep in your lungs.

Things to note about the test and machine:

1. Mississippi law requires that the evidential test shall not be given within 15 minutes of consumption of any substance by mouth. By this time all alcohol in the mouth is gone.

2. Mississippi law allows for an "on the spot" breath test to determine if the subject is free of alcohol. This is not an evidential test but one to determine if the subject has been drinking and if the evidential test should be given.

3. The intoxilyzer is tamperproof and if a mistake is made during the test, an error indicator lights and inhibits printout.

4. The printed card is an evidence card that shows the actual test results. These results cannot be altered by the operator or the subject.

5. It should be noted that the results of the intoxilyzer test are only one bit of evidence that may be used in proving DUI. Mississippi law still allows for conviction for DUI on the basis of conventional evidence.

6. Note that the intoxilyzer will not provide evidential test results for any drug other than alcohol. However, some models will error if there is an interfering substance other than alcohol in the body.

7. Point out that if you have not been drinking but have another physical ailment which may be causing the suspicious behavior, the machine will lend evidence that you are not intoxicated from alcohol. There are 64 known physical ailments that produce behavior similar to intoxication. In at least one case in the state, a person suffering from insulin shock was saved by the intoximeter detecting there was no alcohol in the blood, so medical help was called in.

DUI Charge Under the Influence of Drugs

Very little work has been published relating body fluid concentration of drugs other than alcohol to motor and/or mental performance. The reasons for this lack of data are many. Since breath analysis for drugs other than alcohol is usually not possible, it is necessary to obtain other body fluids (i.e., urine and/or blood) in order to detect many of these chemicals. Many times people are not willing or able to give these necessary samples (Hurst, 1976). Another main reason is due to the difficulty of chemical analyses of these other agents once they are obtained. First of all, laboratories and technicians are scant in this regard (Forney and Hughes, 1968; Moscowitz, 1976). In addition, there is such a wide range of possible drugs that could effect driving performance that current laboratory analyses have difficulty in detecting all of them (Moscowitz, 1976).

In spite of these difficulties in fluid analysis, laws prohibiting driving under the influence of drugs other than alcohol have been enacted in many states. In Mississippi, the Implied Consent Law states in Section 63-11-5 that:

> A person may give his consent to a chemical test or tests of his blood or urine for the purpose of determining the presence in his body of any other substance which would impair a person's ability to operate a motor vehicle.

And in 63-11-39, the law states that:

> (1) Upon the trial of any person charged with driving under the influence of any substance other than intoxicating liquor which had impaired such person's ability to operate a motor vehicle, where such person refused to consent to a chemical test of his blood and where the law enforcement officer had reasonable grounds and probably cause to believe such person to be under the influence of a substance other than intoxicating liquor impairing his ability to operate a motor vehicle, the fact that such person refused consent to a chemical test of his blood shall be admissible in evidence and shall give rise to the presumption that had any such test been given it would have disclosed the presence of a substance other than intoxicating liquor in his body which impaired his ability to operate a motor vehicle.

If a person is convicted of driving under the influence of a substance other than intoxicating liquor in his body which impaired his ability to operate a motor vehicle, the penalties, in Mississippi, are the same as for a conviction of driving under the influence of intoxicating liquor.

While driving under the influence of drugs may, in itself, impair the abilities of the driver, studies suggest that often these drugs are used in combination with one another and/or with alcohol (Finkle et al., 1968; Garriott and Latman, 1976; Lundberg et al., 1976). It goes without saying that drinking alcohol and driving do not mix. This fact has been well studied and documented (e.g., Lundberg et al., 1976; Garriott and Latman, 1976). However, many people obviously do not know or do not care about the effects of combining alcohol and drugs. Many studies exist that lend strong evidence for the increased impairment these combinations may bring about. These specific actions will be discussed later. However, one striking feature was found by Lundberg et al. (1976). When analyses were done comparing pure drug use vs. drug plus alcohol use, there were significantly more traffic fatalities among the users of both than among the users of the drug alone. The barbiturates and methaqualone (Quaalude) combined with alcohol were especially discriminant in this regard.

SCRIPT A: INFORMATION COMPONENT

This is an introductory program of about 12 minutes for parents and teachers. It provides an overview of the problem of substance abuse and reviews the new curriculum focusing on the importance of drug and substance awareness for students. The goal of the program is to provide parents and teachers with information regarding the problems of substance abuse, toward facilitating more responsible actions on substance abuse issues. The problem of substance abuse is serious. It is our problem and it is we who must solve it.

OPEN MONTAGE (30 seconds): The first segment of the program is a sound montage of comments by young people describing personal experiences with substance abuse. Images of students of all ages in various activities will contrast and compliment these voices. Images will precede and follow Narrator opening comments.

NARRATOR: "Our children are the future. They rely on us to protect them and to guide them into that future. Drugs threaten our way of life, our families, and most importantly, our children."

FEMALE MEDICAL DOCTOR SEGMENT: (This segment sets the tone of a no-nonsense, personal approach to the problem from the perspective of a health professional and a parent. The doctor addresses the camera in a medical setting.)

"Substance abuse is a very complicated and important issue. The problem cannot be ignored: we as parents and educators must deal with it, . . . realistically and honestly.

We live in a chemical culture. The marvels of today's technology have led us to expect instant gratification. Modern medicine has lulled us into expecting cures for pain or relief of misery through a pill or an injection. We do not feel that we should have to suffer or to wait. In such a climate, drug abuse has developed and flourished.

Young people are inquisitive, and this characteristic leads them to experiment with alcohol and other drugs which seem more exciting. Just like adults, children and teens abuse alcohol more than any other drug because alcohol is so easily obtained and is socially acceptable. Marijuana and street drug use is often started in this manner. Street drugs run the gamut from antihistamines to diet pills and heroin. The greatest danger in the use of street drugs is that one has no way of knowing the strength or purity of the substance. Young people also abuse materials not thought of as drugs, such as gasoline, aerosols, and glue.

Our children are our most valuable asset and our country's future. We must learn about substance abuse and its effect on our children. The more we know about substance abuse, the better equipped we will be to deal with the problem, honestly and realistically."

VOICES OF TEENAGERS: (Short montage bridge)

NARRATOR: (Elaborates comments of physician)

"The solution to substance abuse requires education and our acceptance of personal responsibility. Our efforts must be comprehensive: in the home, at school, and in every aspect of our children's lives.

We, as educators and concerned parents, can teach our children how to say "no" to the temptations of drug use. We must be supportive and understanding with our children and work together to reinforce the skills needed to combat the problems of substance abuse.

The state of Mississippi is implementing a comprehensive drug education program in kindergarten through twelfth grade. Curriculum materials include the most current, accurate, and reliable substance abuse information available. Drug education is blended into the subject matter of health, social studies, science, and other classes."

(VISUAL TRANSITION)

"The abuse of drugs is not a new problem. Cautions against the abuse of alcohol go back to biblical times. As late as the eighteen hundreds, opium and drugs made from it were sold in general stores and mail-order catalogs for such ailments as teething pains and headaches. As late as 1906, one of our favorite beverages, Coca-Cola, contained a cocaine derivative. We continue to rely on drugs to improve our lives and fight disease; but as we learn more about drugs, we have a greater appreciation of their risks.

Abuse of a drug or substance involves dangerous, improper, or illegal use. This can range from consuming a substance not intended for human use to consuming too much of a drug, or dangerous combinations of drugs.

Today, there are thousands of different drugs, many of which are misused. These drugs may be considered in three main groups: stimulants, depressants, and hallucinogens."

(Graphics show "stimulants" followed by names of drugs. Characteristics of each drug appear beside name as it is mentioned. Background will show samples of the various drugs: pills, powders, etc.)

"Stimulants (or uppers) increase activity in the body. Caffeine and nicotine are mild stimulants. Amphetamines (or speed) and cocaine are much stronger. Use can cause a person to become overactive, or easily upset and nervous. Stimulant abuse can cause a person to go for long periods without eating or sleeping resulting in exhaustion and severe weight loss and even death."

(Graphics show "depressants" followed by names of drugs. Characteristics of each drug appear beside its name as it is mentioned. Background will show samples of the various drugs: pills, powders, etc.)

"A second group is depressants (or downers) such as alcohol and tranquilizers. Depressants slow down body activity, including reflexes, thinking, and speaking. Quaalude (or "Ludes"), Valium, and heroin are frequently abused depressants, which are dangerous and addictive."

(Graphics show "hallucinogens" followed by names of drugs. Characteristics of each drug appear beside its name as it is mentioned. Background will show samples of the various drugs: pills, powders, etc.)

"The third group of drugs is hallucinogens. Marijuana, LSD, and Angel Dust, or PCP, are all hallucinogens. These drugs change the way the mind works. They cloud the senses, impair judgment and awareness, produce confusion, and visual and auditory hallucinations.

Inhalants are mind altering substances which are taken by breathing chemical vapors. Glue, nail polish, cleaning fluids, gasoline, and aerosols are common inhalants.

The abuse of these drugs is especially hazardous in that the line between casual experimental use and severe brain damage can be as little as a few 'sniffs'."

VOICES OF TEENS: (Talking about addiction)

NARRATOR: "The misuse of many drugs can result in an intense craving where wanting the drug turns into needing it. This addiction or dependence is destructive to the user and to those around him.

Alcoholism is a common example of a situation where the overuse of a substance leads to addiction. The destructive effects of alcohol addiction are well known. Alcohol use during pregnancy can be particularly harmful to both mother and child, sometimes causing mental retardation and other birth defects.

Because so many drugs are dangerous and addictive, their use is controlled by law; however, some drugs are on the street market before laws can be made to control them. These so-called "designer drugs" are new variations of existing illegal drugs and are unpredictable and very dangerous."

VOICES OF TEENS: (Talking about drug effects)

NARRATOR: "What happens when a person takes drugs?

Drugs always produce some kind of effect. The way any particular drug will affect any particular person can't be predicted. People have died from using cocaine only once. Others have used some kinds of drugs without realizing that the harmful results were to follow later.

This is the issue at the heart of the drug abuse problem. In taking a drug for some desired immediate effect, a person risks uncertain hazardous negative results: some immediate, some delayed, some physical, others mental, or social, or legal. The user is not able to select or even to predict the negative effects that will come from the use of any drug. But it is assured that the hazards of use far outweigh any desired effect."

VOICES OF TEENS: (Talking about why they use)

NARRATOR: "Why do people misuse drugs?

Just as there are many results of using drugs, there are many factors influencing people to take drugs. Certain drugs appear to be less dangerous, and more socially acceptable. Alcohol and nicotine are drugs which, though regulated, are accessible to young people. Advertising presents smoking and drinking in the most appealing manner, associating the products with success, personal attractiveness, and social acceptability. It is easy to develop habits of use and abuse with these substances

Movies and entertainers portray drug use as humorous or exotic. Curiosity about drugs can lead to occasional experimentation. And weekend or fairly regular use of drugs can lead to daily, compulsive use and addiction. Anyone from any background can become a compulsive, self-destructive drug abuser. There is no typical drug user, but personal problems and low self-esteem are often associated with drug use.

According to the 'gateway theory,' a predictable sequence of drug use exists beginning with the gateway substances: tobacco, beer, and wine, progressing to hard liquor and then finally to street drugs. Young people rarely proceed directly from the gateway drugs to drugs such as cocaine and heroin without using hard liquor and marijuana. This sequence is not absolute. In some communities, inhalants are the first drugs used by children. These patterns can be a gateway into serious drug abuse and addiction.

There is no single reason people abuse drugs, but the most common influence toward substance abuse is misuse by close friends and family. Friends, family, and media may support drug misuse. Curiosity motivates some people to experiment with drugs. Smoking and drinking habits may establish a gateway to the use of illegal drugs. Addiction forces the user to depend on drugs in increasing doses. Some people who do know the dangers insist that they are smarter than those who become addicted. They think they will know when to quit and be able to quit without any problem. People deny or ignore the risks and fool themselves into thinking drugs won't hurt them. Experimentation and limited use of drugs seems to occur in social situations as part of a wish to be independent, to explore, to develop a sense of identity, and to take risks. The real danger of abusing drugs is sometimes seen not as a risk but as a challenge."

VOICES OF TEENS: "I thought it couldn't happen to me."

NARRATOR: "What can we do about substance abuse?

The first step in drug abuse prevention is to provide honest, reliable information. Our young people need the facts about drugs so they'll know what they're dealing with when they face decisions about drugs. We need information to know how to help young people avoid the problems that can lead to drug abuse.

But information alone isn't enough. Substance abuse prevention must address the causes of abuse. Poor self-image and feelings of isolation can contribute to substance abuse. Our efforts aimed at preventing abuse must focus on these problems. Involving young people in school and community activities helps promote a sense of belonging while providing alternatives to drug use.

Communication is essential: communication between parents, teachers, and young people. Young people themselves can play an important part in influencing their friends to avoid drugs. Parents and teachers must continue to play an active, supportive role in encouraging alternatives to experimentation with substances.

As they mature, young people learn to make their own decisions, but they shouldn't simply trade parental authority for peer authority. Independent choice needs to be developed as an alternative to yielding to peer pressures. Parents should demonstrate a positive role-model for their maturing children. A person's natural curiosity need not lead into drug experimentation to find the answers. Young people from high risk backgrounds require special programs and special efforts.

There are many varied resources and programs available in our community to assist us with the problem of substance abuse both in the areas of prevention and treatment. Community programs for people with substance abuse problems range from smoking clinics and Alcoholics Anonymous to half-way houses and drug treatment programs available through hospitals, religious and other community groups, and sometimes employers. One very important source of information and help is the hotline system. Talking to a telephone drug counselor is an easy, private way to get honest information and help.

Each of us can help in some way. Friends, parents, teachers, school counselors, local religious leaders, doctors, nurses, can all be vital sources of support and guidance for people with drug questions and problems. Parents, teachers, and friends can look for signs of drug problems in others and offer support."

VOICES OF TEENS:

NARRATOR: "The best solution for drug problems is to stop them before they start. If we work together, if we are honest with ourselves and with others, if we learn the truth about drugs and drug abuse, we can prevent the problem."

VOICE MONTAGE: ("I thought I could handle it. I figured I was different. I thought I could stop any time. I didn't use the hard stuff . . ."

NARRATOR: "There is hope for those who haven't started; there is hope for those who need help."

SCRIPT B: CURRICULUM DOCUMENT AND SKILL COMPONENT

I. Introduction to Curriculum

A. Grant from Governor's Office of Highway Safety to State Department of Education to USM

B. Pilot Schools
  1. Warren County School System
  2. Western Line Consolidated Schools

C. Statement of Problem and Solution in Mississippi

D. Philosophy of Curriculum
  1. Information component to impact attitude
  2. Skill component to impact behavior

II. Curriculum Document

A. Content -- Brief explanation of what is in document (e.g. Table of Contents, Index of Goals and Objectives, Curriculum Activities, Appendices [Teacher's Guide; Glossary; MS State Laws; Print, AV, and Treatment Resources; Special Student Adaptations], Videotape Manual)

B. Format
  1. Index of Goals and Objectives
    a. Information contained
    b. Numbering system
    c. Cross-indexed with MS Comprehensive Curriculum
  2. Activity Page
    a. Numbered at left, right and bottom
    b. Goals
    c. Objectives
    d. Learning Concept -- either information or specific skill
    e. Vocabulary
    f. Academic Focus -- specific academic concept reinforced
    g. Resources
      1. Lists all handouts included
      2. Any additional materials needed
    h. Activity -- can adapt as necessary for differences in classrooms

C. Tabulation -- Between levels and specific grade or discipline level

D. Appendices
  1. Teacher's Guide
    a. Information: specific information found here
    b. Skills: peer pressure, assertiveness, decision-making
  2. Glossary
  3. MS State Laws pertaining to drugs
  4. Resources -- printed and AV materials
  5. Treatment Resources

6. Curriculum Activities Adapted for Special Students (Mentally Retarded, Visually Impaired, Gifted)
7. Videotape Manual (script content, suggestions for use)

III. Self-Esteem Skill

A. General statement about self-esteem (include self-esteem focuses on positive attributes of individual, no right answer, etc.)

B. Illustrate by teaching and modeling
   1. Basic listening skills
      a. How teacher can self-disclose
      b. How to give positive feedback
      c. How to restate child's response
      d. Listening beyond the child's words
   2. Open-ended questions
      a. Avoid yes/no questions
      b. Ask "think, feel" questions
   3. Shaping Responses
      a. How to take child's negative, sarcastic, or attention-getting response and shape it into a productive response to facilitate continued classroom discussion

IV. Coping Skills

A. General statement about coping, assertiveness, and role-playing

B. Illustrate by Teaching and Modeling
   1. How to respond assertively
      a. Body Language
      b. Eye Contact
      c. Verbal Content
   2. How to facilitate Role-Playing
      a. How to introduce
      b. Model first
      c. Process experience with class

V. Decision-Making Skills

A. General statement about decision-making process
   1. Define problem
   2. Look at influences
   3. Brainstorm alternatives
   4. Explore consequences of each alternative
   5. Decide on alternative, act, evaluate decision

B. Illustrate by Teaching and Modeling
   1. Decision-Making Process
      a. How to brainstorm with class on alternatives (expansive; all suggestions acceptable)
      b. How to evaluate consequences of all alternatives (limit to 1-2 best alternatives; stress best choice may differ for each student)

    c. How to evaluate choice of alternatives
2. Small-Group Facilitation
    a. How to divide into groups
    b. How to keep groups on target
    c. How to intervene
    d. Processing small-group interaction with entire class

To order additional copies of the VHS Substance Abuse Prevention Videotape, complete the following and mail to:

Broadcasting Services
SS Box 10045
Hattiesburg, MS 39406

Each tape will contain Program I, II, and supplemental teaching materials.

U-Matic (3/4") tape is available. For information on special orders, call USM Broadcasting Services, 601-266-5615.

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CURRICULUM ACTIVITIES ADAPTED FOR SPECIAL STUDENTS

MENTALLY HANDICAPPED

Work in close proximity with the child. Use peer helpers where appropriate. The mentally handicapped student may need extra time and repetition in order to understand the concepts presented.

K: B-1 Begin by introducing the most simple examples of same/different. Only one element should be different (e.g. 3 blocks: 2 red and 1 blue or 3 fruits: 2 red and 1 yellow).

Give the child a picture of a facial part (e.g. eye, nose, mouth, ear, eyebrow) and have the student find the same part on his/her own face and the face of a friend. Encourage the child to verbalize how the pairs are the same or different (e.g., "This is an eye and this is an eye. They are alike because they are both eyes.). If the child does not know the names of the body parts note this but do not confound the learning activity by attempting to teach the body part vocabulary at this time.

Mentally handicapped students will require a great deal of practice in order to memorize the fingerplay. It may be helpful to pair the student with a peer who will assist, not ridicule.

K: B-2 Provide the student with 2 pictures of a facial body part. Demonstrate different, not alike by saying "This is an eye. This is a nose. They are not alike. They are different." Progression to less obvious differences can be undertaken after mastery of simple comparisons such as the one described above.

Be sure to verbalize each element in the comparison and whether they are the same or different.

Give examples of situations in which differences are unique and special (e.g. winning an art contest) and examples in which different is not good (e.g. talking loud in the library).

Pair the student with someone who can help him/her come up with an example of something special about himself/herself.

K: D-1 If the student cannot print his/her name yet, give him/her a handout with his/her name printed in dots and ask the child to trace the name. If the child has difficulty drawing, finding appropriate pictures from magazines may be substituted.

1: A-1 Vocabulary: active, quiet.

1: A-3 Vocabulary: fruits, vegetables, dairy products, grains.

Check to determine if the student comprehends the vocabulary words. If not, these concepts must be taught first or the activity eliminated.

Provide the student with verbal cues. For example, "Point to the meat group," or "Which one of these groups is the dairy products?"

1: B-3 Have peers tell things that they like about their mentally handicapped peer.

In the story, incorporate the activities suggested into the school week (e.g. nice things you can do for yourself at school; say "I am lovable and valuable" at different times during the school day). Discuss changes in feelings at the end of the week.

1: C-2 Check to see if the student understands "danger."

If the student has not mastered the use of scissors, have someone assist him/her.

Pair the student with an adult to describe the purpose of this activity.

This activity may not be appropriate for the student due to the attention-to-detail required.

1: C-3 Provide dot-to-dot model of child's printed name if necessary.

Ask the child to repeat assignment back to you to assess the level of comprehension of the task.

2: A-1 The words on the handout may be too difficult for the student. Ask the student to describe the words on the handout to you or use each word in a sentence. If the student does not understand, replace the word with one that is more appropriate.

2: A-2 Check the student's comprehension of the following words: qualified = all right to do, has permission to do

dispense = give out
supervision = when grown-up watches.

Vocabulary: proper, container, responsible.

It may be inappropriate for the student to complete the puzzle. Instead could have the student answer the incomplete sentences and have a peer (or teacher) write the answer in the appropriate blank for the student.

2: B-1 Pair the student with a partner to assist in writing a list of positive characteristics. The partner could give the student examples of positive characteristics.

2: B-2 This activity may be done with the assistance of the teacher at school rather than at home.

Assist the student in reading his/her descriptive words.

2: C-2 Have peer tutor or teacher read the statements to the student and discuss the situations before asking the student to explain to a large group.

2: D-3 The student may need assistance in completing this handout. Peer or teacher could write words for him/her and the mentally handicapped student could trace or copy onto the handout.

3: A-1 The student may need assistance in reading the handout. It may be helpful to have a peer or adult read it to the student.

Be sure the student comprehends the following word list before attempting to complete the handout: purchased, column, prescription, licensed, pharmacist, incorrectly, responsible, variety store.

3: A-2 Provide the student with the following word list: brain, lungs, liver, heart, stomach.

Also, pictures of each of these body parts could be provided to assist the student in recognizing the part and its written name.

Demonstrate the position of each of these parts utilizing a 3D model.

3: B-1	Pair the student with a peer that can read the handout to him/her. The peer tutor could write the mentally handicapped student's sentences on a separate page. The student could then copy the sentences on to the handout; or have the student draw pictures to illustrate each sentence on the handout and describe each to the class.
3: D-2	If necessary, have the sentences on the handout read to the student or record the sentences on Language Master cards. Have the student record his/her answers on Language Master cards or have someone write them down for him/her.
4: B-1	The student may need assistance in following the directions for this activity. Also, the student may have difficulty reading the handout. Pair the student with a peer.
4: B-3	Pair the student with a peer for assistance with reading the handout. The dialogue may need to be repeated sentence by sentence in order for the student to distinguish open-ended versus closed-ended statements, identify restatement of thoughts, reflection of feeling, and "I" statements. It may be helpful to model each of these techniques individually for the student prior to the beginning of the handout activity.
4: C-2	Assign a peer tutor to read the story to the student. Ask the student to retell the story in his/her own words. Record the student's story and transcribe. Provide the student with a written copy of his/her version of the story.
4: C-3	Have someone read the handout to the student. Practice using these services through role-plays.
4: D-2	Have peer prepare the mentally handicapped student prior to reading aloud (i.e. check reading recognition of words on stress). Check to see that the student understands the situation prior to requesting a solution.
4: D-3	Pair the student with a peer to read handouts.
5: A-2	Vocabulary presented may be too advanced for the student.

5: A-3 Vocabulary presented may be too advanced for the student.

5: B-2 Pair the student with a peer to read the handout. Model each of the techniques before attempting to complete the handout. Have the student model techniques to ensure complete understanding.

It may be necessary to have peer write the student's oral responses down for him/her and have the student copy the sentences onto the handout.

6: A-1 The Drug Word Search vocabulary words may not be appropriate for mentally handicapped students. The task, however, does not require reading recognition to find the words listed.

6: A-2 The student may have difficulty with this activity due to the reading level. It may be helpful to tape record each statement and ask the student to record his/her answer (if comprehension of vocabulary is adequate).

6: A-3 Allow the student to record his/her answers to the handout, Body Changes Chart.

6: B-1 Vocabulary: decision, influences, pressures, operating, different, possibilities, weigh alternatives, identify, variety, importance, attitudes, legal, social, cultural.

Clarify the steps in the decision-making process:

Step 3: Finding alternatives; making other choices (What other choices do I have? What are the facts I need to know about these other choices? What Influences each of these?)

Step 4: Looking at risks and results (What will happen if I select this choice over the other choices? What are the risks of making this choice? What will I gain by making this choice?)

Step 5: Deciding, acting, testing. To help you find out if your decision brings you the things you had hoped for, ask yourself the 6 questions below:

1. What decision did I make, and then what happened?
2. How do I feel about the decision?
3. Was the cost of the decision what I expected? What did I give up?
4. What good things (payoff) did I hope for?
5. What were the real costs and payoffs?
6. Would I make the same choice next time? Would I do anything differently?

Decision-Making Scramble: Have a peer read the handout to the student; or tape record the sentences; or develop symbols to represent each of the steps in the decision-making process.

6: B-2

Pair the student with a peer that is able to read and discuss the handout with him/her.

Have someone write the story as the student develops it.

6: B-3

Ask the student to find a peer to work with who will read the handouts aloud and elaborate on the task.

Vocabulary: marooned = stuck, shipwrecked
passengers = other people in the boat
strike out for = try to get to

6: C-1

Pair the student with a peer to assist in reading the handout, Facts and Myths About Alcohol.

6: C-2

The student may dictate or tape record his/her story. Preliminary instruction regarding how to defend a position may be necessary.

6: D-1

Vocabulary: alternatives = choices
attitudes = beliefs, values
desire = wants
sophisticated = acted older, mature
substance = stuff
hesitates = waits a minute.

Have the handout read aloud to the student. Pair the student with a peer to record answers to the questions.

6: D-2

Have someone record answers for the student.

6: D-3

Be sure the student can read the copy in the ad before asking him/her to read it aloud.

Evaluation:
It may be necessary to read these test items aloud to the student.
a. "List 3 ways..."
   The answer to this item can be presented orally rather than in writing.
b. "Why is media..."
   Change 2. to "It makes drinking..."

	c. "Who or what influences our decisions" This section may need to be read to the student.
7: English: A-1	Have the Party Pooper tape recorded for the student to listen to.
7: English: A-2	Review the following vocabulary prior to using the activity: confidence, social confidence, attention, admire, characteristics, qualities, ingredients, effective, difference, friendliness.
7: English: B-1	Have peer read the letter and the feeling/emotion words to the mentally handicapped student.
7: Health: A-1	Pair the student with peer to read and prepare a short defense as described in "Reasons that drugs are used or abused."
7: Health: B-1	The student may require assistance in writing his/her responses to All About Me!, listing the strengths of peers, and Planning for Success.
7: Health: B-2	The student may need assistance completing the handout.
7: Science: A-1	Role play the handout for the student rather than requiring him/her to read it. Allow the student to record his/her dialogue, with assistance if necessary.
8: English: A-1	May not be appropriate for the student unless reading recognition and comprehension of the handout has been assessed prior to assigning the task.
8: Health: A-2	Handout may need to be read to the student. Assess the student's comprehension of the following vocabulary before assigning the task: self-confidence, remorse, beverages, prefer, attendance, memory, result, avoid, situations, obliging, companions, inferior, environment, excessive, reputation, financial, difficulties, confronted.
8: Health: B-1	Have the four "Decision Situations" read to the student and record the student's answers.

8: Health: B-2	The student may tape record his/her answers to avoid writing/spelling difficulties.
8: Science: A-1	Vocabulary: abstain, immediate, nervous system, stimulant, nicotine.
8: Science: A-2	The "Caffeine Content" handout may not be appropriate for the student.
8: Science: B-1	The student should be allowed to tape record his/her dilemma. Ask a peer to transcribe the dilemma to a 3 X 5 card.
9-12: Driver Education: A-1	Tape record the handout information for the the student.
9-12: Driver Education: A-2	Pair the student with a peer to complete the "Drug Effects Worksheet."
9-12: Driver Education: B-1	The "Self-Test" will need to be read to the student. Pair the student with a peer or provide adult assistance. It may also be helpful to read each sentence to the student and ask him/her to paraphrase and restate the sentence. Record the responses. Thus, a lower level version of the "Self-Test" can be developed.
9-12: English/ Lit.: A-1,2,3	Not appropriate for the mentally handicapped student.
9-12: Health: A-1	The student may not be able to label organs or write notes. Provide the student with labeled models of body parts. Comprehension of the following vocabulary should be assessed prior to lecture: carbon dioxide, oxidation, oxidize, intestine, functioning.
9-12: Health: A-2	Provide the student with labeled models of body parts.
9-12: Health: A-3	The "Alcohol Information Game" is not appropriate for the mentally handicapped student.
9-12: Health: B-1	Pair the student with a peer to complete the "Taking Risks" handout or tape record the assignment and have the student tape record his/her answers.

9-12: Health: B-2	Pair the student with a peer to assist in completing the handout. Be sure the student understands the following vocabulary prior to the activity: exaggerate, accomplishments, embarrassment, anticipate, inferior, criticizing, responsibilities, consequences, recognition, approved, prejudicial.
9-12: Math: A-2	Pair the student with a peer to assist in reading the handouts and computing the BAC.
9-12: Math: B-1	The handout could be tape recorded for the student or read to him/her by a peer. It may be helpful to read the handout sentence by sentence to the student and ask him/her to rephrase and repeat the sentence back to you. Tape record the student's paraphrasing and transcribe for him/her. The student may need assistance in completing the activity.
9-12: Math: B-2	The student may need assistance in reading the handouts.
9-12: Science: A-1	The student may need assistance in rewriting/paraphrasing the information provided on the "Common Drugs of Abuse" handout. Assistance with spelling and reading may also be necessary.
9-12: Science: A-3	Allow the student to tape record responses to the incomplete sentences. Vocabulary: fetus, sensitive, developing, embryo, assumes, appearance, amniotic, nourish, protect, functioning, human, heart, vessels, blood, conception, oxygen, protein, CO_2, H_2O, antibodies, urine, virus, vitamins, waste products, hormones. Overview of Effects: pair the student with a peer. Completion of "Drug Use During Pregnancy" may be inappropriate for the mentally handicapped student. Provide the student with photos of drugs from each category. Demonstrate the use of the PDR (Physician's Desk Reference) or a similar source. Allow the student time to practice looking up drugs. Have the student develop a personal reference book of drugs, listing effect on the fetus, and safe use of the drug.
9-12: Science: B-1	The student may need assistance in reading and writing the answers to the handout.

9-12: Social Studies: A:1,2,3	Not appropriate for the mentally handicapped student.
9-12: Social Studies: B-1	The handout, "Irrational Messages," can be completed by the student with assistance from a peer. Assess the student's knowledge of the following vocabulary: irrational, rational, curfew.
9-12: Social Studies: B-2	The "Peer Pressure" story could be tape recorded for the student or read to him/her by a peer.

VISUALLY IMPAIRED

Unless otherwise noted, all activities requiring use of written symbols are to be done orally. Work in close proximity with the child. The visually impaired student may need extra time and repetition to understand the concepts presented.

K: A-1	Point out the location of the different body parts on the child's body or use a 3D model.
K: B-1	Use plastic or wood objects rather than pictures of apple, heart, pen, etc. Verbally describe each object and allow the student to hold it. Be sure to identify each object with its color. For the visually impaired, it may only be necessary to do these activities at close range. The use of the mirror is inappropriate for the blind student. Have the student describe orally various body parts. "Getting to Know Me" should be described orally as the child acts out.
K: B-2	Have the student describe hair, eyes, skin color, etc. The blind student may need assistance with differences. Blind children may name unique activities. Make sure they feel unique and special.
K: B-3	Ask the blind student to describe his/her family. The teacher may draw a picture from the description for the child to take home.
K: C-1	Let the blind student smell the edible, non-edible objects.
K: D-1	Have the student orally describe activities done alone.
K: C-3	Describe the things Healthy Heather is doing for the student. Then have the student name other things done to stay healthy.

1: A-1	Make sure that the student is actively involved in some exercise activity during the extra time outside and not left sitting or standing by him/herself.
1: A-3	Teacher may find examples of favorite healthy snacks for the child and assist in making collage.
1: B-3	Handout with enlarged print is included.
1: C-2	Teacher should transfer examples from the handout to large poster paper.
1: C-3	Stress to blind student that he/she should not eat or drink anything that a responsible adult has not approved. Handout with enlarged print is included.
1: D-2	Substitute a cardboard thermometer with notches to indicate different feeling levels for the "Feeling Thermometer." Handout with enlarged print is included.
1: D-3	Have the student make facial gestures to indicate happy/sad when each statement is read.
2: A-1	Handout with enlarged print is included.
2: A-2	Stress to the blind child that he/she should always recognize the voice of a person giving him/her medicine.
2: A-3	Team members should assist student in moving marker and reading corresponding statement.
2: B-3	Have a peer assist the student in completing the handouts.
2: C-2	Have a peer assist the student in reading the slip.
2: C-3	Teacher should assist the student with the booklet.
2: D-2	Have a peer assist the student in completing the handout.
3: A-2	Point out the various body parts on the child's body.

3: B-1	Have a peer assist the student with the handout.
3: B-3	Help the student express happy, sad, etc. through gestures. The teacher can give feedback to the child as he/she masters appropriate gestures. Have the student express feelings orally, using tone of voice.
3: C-3	The teacher should assist the student with the illustration.
3: D-2	Handout with enlarged print is included.
4: A-1	Have a peer assist the student with the handout.
4: A-2	Have a peer assist the student with the handout.
4: A-3	Handout with enlarged print is included.
4: B-2	Use large cardboard letters spelling "IALAC."
4: B-3	Have a peer assist the student with the handout.
4: C-2	Read the story to the student.
4: D-1	The teacher should assist the student in writing the paper.
4: D-3	Have a peer fill in the student's answers on the handouts.
5: B-1	Handout with enlarged print is included.
5: B-2	Have the student role play assertive behavior. The teacher should give the student feedback on his/her body posture, and voice tone.
5: B-3	Read the conflict situations from the handout to the student.
5: D-1	Have a peer assist the student with the handouts.

5: D-2	Have a peer assist the student with the handouts.
5: D-3	Assist the student in reading the assertive/aggressive role-play slips.
6: A-1	The "Drug Word Search" is not appropriate for visually impaired students.
6: A-2	Have a peer assist the student in completing the handout.
6: A-3	Have a peer assist the student in completing the handout.
6: B-1	Have group members read the slips to the student. Make sure that the student is included as an active member of the group.
6: B-2	Use objects to represent the various items in the "Desert Island Decision Chart." Could group items in 3 or 4 sets to cut down on time and confusion.
6: B-3	Have a peer assist the student with the handout.
6: C-1	Have a peer assist the student with the handout.
6: C-3	The student could report on news stories he/she has heard on the radio or T.V.
6: D-1	Read the story to the student.
6: D-2	Have a peer assist the student with the handout.
6: D-3	Have blind students describe advertisements they have heard on T.V. or radio. Handout on "Visual and Verbal Images Used in Advertising" is not appropriate.
7: English: A-1	Handout with enlarged print is included.
7: English: A-2	Handout with enlarged print is included.
7: English: B-1	Have a peer assist with the handouts.

7: English: B-2	Have a peer assist with the handout.
7: Health: A-1	Handout with enlarged print is included.
7: Health: A-2	Handout with enlarged print is included.
7: Health: B-1	Have a peer assist with the handout.
7: Health: B-2	The handout "These Are a Few of My Favorite Things" is not appropriate.
7: Science: A-1	Discuss the handout orally. Have the student share original dialogue with the class after being read a warning sign.
7: Science: A-2	Have a peer assist with the handouts.
7: Science: B-2	Have a peer assist with the handout.
8: English: A-1	Pair the student with a peer to fill in the handout. Blind students can discuss T.V. commercials they have heard.
8: English: B-1	Have a peer assist with the handout.
8: English: B-2	Have the student come up with a clever slogan. Pair student with a peer and have the slogan placed on a tee shirt.
8: Health: A-2	Have a peer assist with the handout.
8: Health: B-1	Have a peer assist with the handout.
8: Health: B-2	Have a peer assist with the handout.
8: Science: A-2	Handout with enlarged print is included.
8: Science: B-2	With blind students, substitute pieces of candy, individually wrapped, for the cups of water. Pass the candy around in a hat or other container.

9-12: Driver Ed.: A-1,2,3	Not appropriate for the visually impaired.
9-12: Driver Ed.: B-1,2	Not appropriate for the visually impaired.
9-12: English/ Lit.: B-1	Have a peer assist with the handout.
9-12: English/ Lit.: B-2	Have group members assist the student.
9-12: Health: A-1	Have the student point out the placement of the different organs on his/her body or use a 3D model of the body. Use a 3D model of the brain in discussion of alcohol's effects on the brain.
9-12: Health: A-3	Read the handout to the student.
9-12: Health: B-1,2	Have a peer assist with the handout.
9-12: Math: A-1,2,3	Have a peer assist with the handout.
9-12: Math: B-1,2	Have a peer assist with the handout.
9-12: Science: A-1,2	Not appropriate for the visually impaired student.
9-12: Science: A-3	Have a peer assist with the handout.
9-12: Science: B-1,2	Have a peer assist with the handout.
9-12: Social Studies: B-1,2	Have a peer assist with the handout.

GIFTED

K: B-1	Following introduction of the activity, divide the children into 5 groups. Have the first group recite the first 4 lines of the Fingerplay, the second group recite the following 12 lines, the third group recite the following 6 lines, and so on.
K: B-3	Ask the children to share information about their families with the class (e.g. "How big is your family?" "Do you have a pet?").
1: A-1	In addition to other activities, invite the P.E. teacher to discuss the effects of exercise on a healthy body with the students. A question and answer period should be included.
1: B-2	Divide the students into groups and have them answer the questions as a group.
1: B-3	Call on the students individually to read parts of the story aloud.
1: C-2	In addition to other activities, invite a Poison Control officer or County Health Department worker into the classroom to discuss harmful substances found in the home. Include a question and answer period.
1: D-2	Call on the children individually to read parts of the story aloud. Divide the children into groups and have them discuss ways they might help a friend who feels sad or angry.
2: D-2	Answers should be written and then discussed fully (especially "why").
2: D-3	Include in the discussion of responsibilities performed at home and school examples of responsible and irresponsible behavior.
3: B-1	In discussion, insure that there is maximum interaction between students and teacher, and students and students. Reinforce that differences are all right.

3: B-3	Break the students up into groups to practice positive examples of body talk. Have the students discuss their reactions within the group. Report back to the full class.
3: C-1	Divide the students up into groups to discuss the situations. Bring the groups back together and discuss the different solutions as a class.
3: D-1	Explain cooperation in terms of team sports. Ask the students for examples of cooperation in activities in which they are presently engaged or which they especially enjoy.
4: B-2	Divide the students into groups to discuss the questions. Bring the class back together to discuss further.
4: B-3	In addition to other activities, invite the school guidance counselor into the classroom to discuss communicating with peers. Include a question and answer period.
4: C-2	In addition to other activities, invite a mental health counselor into the classroom to discuss alcoholism and the family. Include a question and answer period.
4: D-3	In addition to other activities, invite the school guidance counselor into the classroom to discuss stress. Include a question and answer period.
5: A-1,2,3	Have the students develop a newsletter using information gained from these activities.
5: B-2	In addition to other activities, invite the school guidance counselor into the classroom to discuss how to say "no." Include a question and answer period.
5: D-2	Divide the students into groups to brainstorm possible coping methods. Bring the groups back together and discuss their findings, listing these on the board.
6: A-3	In addition to other activities, invite a community resource person (mental health counselor, alcohol and drug expert, nurse, physician) into the classroom to discuss the different classifications of drugs and their effects. Include a question and answer period.

6: B-1	Divide the students up into 5 groups. Present a situation requiring a decision to the students. Instruct them to use the decision-making process in coming up with a solution. Group 1 will be responsible for Step 1, group 2 will be responsible for Step 2, and so on. Each group should select a spokesperson to present their group's results to the class. These should be written on the board and discussed.
6: C-1,2	After completing the activities for these objectives, divide the students into two groups. Assign one group physical consequences of drug use and the other emotional consequences. Have each group present material to the class on their topic. In preparing their presentation they should make use of school and/or community libraries.
6: C-3	In addition to other activities, invite a community resource person (police officer, sheriff, attorney) into the classroom to discuss the legal consequences of drug use. Ask each student to find a newspaper article pertaining to the topic. Have the students discuss the articles in groups. Following this, have each student write a one page paper on the issues dealt with in his/her article. The students should make use of the library and other sources in doing this assignment. Compile all the papers into a booklet entitled "The Legal Consequences of Drug Misuse."
6: D-1	Divide the students up into groups. Have them discuss the handout in their groups and then present their findings to the class. Have each group develop a skit illustrating an incident in which one of the factors discussed influenced a decision. The skits should be presented to the class.
6: D-2	Divide the students up into groups to discuss peer pressure. Make sure that every group member answers at least one of the questions.
7: English: A-1	Develop "Party Pooper" into a skit and have students act it out for an audience of 6th and 7th graders.
7: English: A-2	Have students lead discussions on the "Personal Factors Affecting Peer Relationships."
7: English: B-2	In addition to other activities, invite the school counselor into the classroom to discuss the emotional needs of the individual.

7: Health: A-1	Have the students select a topic from the list of "Reasons That Drugs Are Used or Abused" and stage a debate. Correct rules for debate should be followed.
7: Health: A-2	Divide the students into groups. Assign each group one of the areas affected by drug use to research. Each group should submit a short (2-3 pages) paper on their topic to be compiled into a booklet on the effects of drug use on general functioning.
7: Health: B-2	In addition to other activities, invite a mental health professional to speak on alternatives to drug use, misuse, and abuse. This person should have experience with substance abuse clients.
7: Science: A-1	In addition to other activities, invite a community resource person (mental health professional, alcohol/drug expert) into the classroom to discuss pre-alcoholic symptoms.
8: English: A-2	Have each student select one of the contact persons to study further. The student should interview the individual and write a short paper (2-3 pages) on that person's role in assisting people with alcohol/drug related problems. Compile these papers into a booklet entitled "Help" and make it available to the school as a resource.
8: English: B-2	In addition to other activities, invite a mental health professional into the classroom to discuss factors associated with positive mental health.
8: Health: A-2	In addition to other activities, invite a representative from Alcoholics Anonymous into the classroom to speak about that organization. Include a question and answer period.
8: Science: B-1	Have the students brainstorm a list of possible topics for debate in the area of decisions involving alcohol and other drugs. Select one topic and stage a debate. Correct rules for debate should be followed.
9-12: Driver Ed.: A-2	In addition to other activities, invite a community resource person (doctor, nurse, police officer) into the classroom to discuss the effects of drugs on driving behavior.

9-12: Driver Ed.: A-3	In addition to other activities, invite a law enforcement officer or attorney into the classroom to discuss Mississippi State law regarding DUI and the Youth Court. Have students conduct research into the Youth Court individually and present to class.
9-12: English/ Lit.: B-2	Have the students put together a newsletter for their same-grade peers on alternatives to alcohol/drug abuse. Information can come from class notes, library research, etc.
9-12: Health: A-1	In addition to other activities, invite a medical professional (nurse, doctor) into the classroom to discuss the effects of alcohol in the body.
9-12: Health: A-3	Have the students put together a newsletter on the effects of alcohol on health. Each student should pick an area to research and write a short (2-3 pages) paper on his/her topic. Artistically gifted students can draw graphs and diagrams.
9-12: Math: A-2	In addition to other activities, invite a medical professional (nurse, doctor) into the classroom to explain the concept of BAC more thoroughly.
9-12: Math: B-2	Audio tape the role plays and transcribe. Have the students develop a newsletter on assertive behavior based on information gained from the activities and from outside research. This should be directed at same-grade peers. Transcriptions of the role plays may be included.
9-12: Science: A-1	Divide the students into 6 groups (Narcotics, Depressants, Stimulants, Hallucinogens, Inhalants, Cannabis) and have the students conduct research into their assigned area. Each group should prepare a poster of their information. The information should then be presented to the class by the groups. Following the group presentations, the posters should be displayed in a public area in the school (hallway, library, cafeteria).
9-12: Science: A-3	Divide the students into the same 6 groups as listed above. Have each group conduct research into the effects of their drug classification on the fetus. Students should be encouraged to visit the county health department or other medical facility in conducting their research. Each group

	should prepare a poster of their information. Following the presentation of this information to the class, the posters should be displayed in a public area in the school.
9-12: Social Studies: B-1	In addition to other activities, invite a mental health professional into the classroom to discuss personal worth.

Handout

1:C-3

DANGER ALERT LETTER

Dear Family,

Our class has been learning about household products that could be dangerous. Please help me to go on a Danger Alert to find these unsafe products.

As we go on our Danger Alert, help me check off that the dangerous products have been safely stored as listed below:

1. lids are on tight
2. out of reach of children
3. clearly labeled with a name and danger label
4. stored away from heat.

Thank you for helping me on my Danger Alert project.

Love,

____
(name)

Handout

1:C-3

DANGER ALERT CHECKLIST

Product	Safely Stored
Alcohol	
Prescription medicines	
Over-the-counter medicines	
Gasoline	
Paint	
Household cleaners	
Poisonous plants	

Handout

2:A-1

PROPER USE OF MEDICINES

I take medicine when I:

1. am Sweaty
2. have a Toothache
3. feel Disappointed
4. feel Mad
5. feel Happy
6. have a Headache
7. have a Cut
8. feel Left out
9. feel Nervous
10. have a Burn
11. am Crying
12. feel Lonely
13. have a Fever

Handout

3:D-2

FEELING BETTER

1. When Mom says that I cannot go to my friend's house,

I ____

____
DO

I feel ____

____.
FEELING

Next time, I could _______________________________

____
DO

and I would feel _________________________________

____.
FEELING

2. When my teacher tells me to improve my work, I

____

____
DO

I feel ____

____.
FEELING

Next time, I could _______________________________

____
DO

and I would feel _________________________________

____.
FEELING

3. When my mother takes my sister for an ice cream cone and not me, I ____________________________________

____
DO

I feel ____

____.
FEELING

Next time, I could __________________________________

____
DO

and I would feel ____________________________________

____.
FEELING

4. When my pet gets hurt, I ___________________________

____
DO

I feel ____

____.
FEELING

Next time, I could __________________________________

____
DO

and I would feel ____________________________________

____.
FEELING

5. When I break something that belongs to my dad, I

____

____
DO

I feel ____

____.
FEELING

Next time, I could ______________________________

____
DO

and I would feel _______________________________

____.
FEELING

6. When I plan to go to the ballgame and it rains,

I ____

____
DO

I feel ____

____.
FEELING

Next time, I could ______________________________

____
DO

and I would feel _______________________________

____.
FEELING

Handout

4:A-3

DRUG DETECTIVE

TIME	SHOW	DRUG USED	BY WHOM	DESCRIBE EXAMPLE
example:				
6:35 PM	NBC News	cocaine; "coke"	male addict	filmed an arrest of a drug addict for the evening news
7:30 PM	Coke Ad	caffeine	teenagers	ad showing kids at beach, drinking Coke which contains caffeine
8:00 PM	Magnum PI	nicotine	Higgens	Mr. Higgens smoking while talking to Magnum

Handout

5:8-1

REACHING AGREEMENT

Directions: Fill in the blanks

	ONE THAT I LIKE	ONE THAT I DISLIKE
1. A kind of food		
2. A sport to watch		
3. A sport to participate in		
4. A school subject		
5. A chore at home		
6. A way to spend the weekend		
7. A favorite activity during summer vacation		

Handout

7: English: A-1

PARTY POOPER

When Tom Scott was in the 7th grade, a friend of his invited him to a birthday party at his house, only a mile from Tom's. Tom agreed to meet his friend there that evening, and after his mother dropped him off, he entered his friend's home with expectations of a fun evening ahead. Many of his friends were present and Tom talked to a few of them for awhile. Soon he wandered outside in the backyard where another group of friends was laughing and seemed to be having a good time.

"Here, Tom," his birthday friend called to him. "Have a puff of this and you'll feel great." The friend grabbed the smoking cigarette from someone nearby and held it out for Tom to take.

"I don't smoke," Tom replied. "My dad would kill me if he found out." "He won't find out," the friend promised. "No one here will rat on you. Our parents wouldn't like it either. We're all in this together, aren't we boys," he chuckled, holding out the cigarette again. Everyone nodded, agreeing.

"That doesn't smell like tobacco," Tom stated, edging closer. "It's pot, Tom, and you'd better hurry up with your drag. That's expensive smoke just going to waste."

Tom accepted the joint and smoked it as his friends told him to. After he had taken several drags, sharing the joint with friends, he felt high, and "mellowed out" as one of his other friends called it. The taste of the smoke wasn't all that great, but, he was told, "you'll learn to like it in time."

And learn to to like it he did. Through the 7th, and then the 8th grades Tom got together with friends to smoke pot about once a month. The stuff was expensive, but by pooling their allowances, they could buy a lid from the neighborhood dealers -- usually high school boys into heavier use. "Just a little bit every now and then won't hurt," Tom and his friends often told themselves. They enjoyed smoking pot, listening to music, and maybe even drinking a little beer from time to time. It was fun -- sneaking and kind of grown-up -- and besides, they liked the feeling that pot gave them. The summer before he started 9th grade, Tom found himself wanting to get together with his friends more and more to smoke pot. They'd all gotten allowance raises, were too young to to hold down jobs, and had nothing but time on their hands to galavant, drink and smoke. How good it was, he thought, just to be with friends, pass a joint around, talk, drink a beer or two, and listen to music. And so Tom and his friends passed the summer, getting high about two or three times a week.

During his 9th grade year, Tom's parents noticed him changing drastically. He didn't want to do anything with them anymore, nor did he speak to them respectfully. His grades fell, he got angry at teachers more often, and seemed to be a walking volcano; except when he was high! Then, he could sit through any class and listen to anything his parents told him; it didn't matter when he was high. "Guess he's just growing up," his dad explained, and Tom loved the freedoms they gave him -- no supervision, an increase in his weekly allowance, and access to the liquor cabinet. Tom dropped out of band, out of all sports, and devoted more time to his friends, getting high as often as possible, sometimes two or three times a day.

Getting high became a way of life. After almost flunking out of the 9th grade, he was passed on to the 10th, and he spent that summer popping pills, drinking, smoking grass, and even trying mushrooms. When he wasn't high on something, Tom felt bad --

angry, guilty, and worthless. Many people had told him he was bad, and since bad people did drugs, Tom did drugs. Everyone seemed to agree that he was a pain to live with -- except his user friends -- so he avoided everyone as much as possible, staying with his friends as often as he could. But then, late that summer came the big bust. Tom got caught dealing pot and pills -- the only way he could support his using habit -- and the judge told him to go in for treatment or else to reform school.

Tom's parents were desperate, and they sent him in to a drug/alcohol treatment center. There Tom stayed with others who were getting cleaned out, and he had a chance to take a good hard look at his life. He saw what drugs had done to him, and he knew he would die if he continued to use as he had done. But he also learned that he would never be able to use "just a little." Tom had so abused his mind and body that he would never again be able to use or enjoy even a little bit of alcohol without seriously hurting his chances of staying sober.

"Where did it all start?" he asked himself as he lay in his hospital bed, grateful that the was not in prison. He coughed deeply, for his lungs were nearly burned out from hot, marijuana smoke, and wondered aloud: "When did I go wrong?" Tom thought of his

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friends, and realized that he had heard nothing from them since he had gone in to the hospital. "They'll just have to party without me," he decided at that moment, as a great peace came over him.

Handout

7: English: A-2

PERSONAL FACTORS AFFECTING PEER RELATIONSHIPS

1. What makes it difficult to be friendly?
2. What is shyness?
3. What creates social confidence? Is social confidence good or bad?
4. What do students do to get attention from their peers?
5. What kinds of students do you admire?
6. What is the difference between friendliness and friendship?
7. What have you done to make this school a friendlier place to be?

Handout

7: Health: A-1

REASONS THAT DRUGS ARE USED OR ABUSED

a. Drugs are used/misused/abused for physical reasons; dieting, controlling pain, getting to sleep, staying awake.

b. Drugs may be a temporary escape from reality.

c. In some groups, drug use is seen as necessary for peer acceptance.

d. Advertising teaches that drugs are an easy way of solving problems and relieving pressure.

e. Drugs are used as substitutes when basic human needs are not met.

f. There is little knowledge about or encouragement of positive forms of relaxation and entertainment in our society.

g. Drugs are widely available in all communities.

h. This is a drug-centered culture; social pressure encourages drug use.

i. Loneliness, boredom, or depression can encourage people to rely on drugs to feel good or "pass the time."

j. Low self-esteem can lead to drug abuse and other self-destructive forms of behavior.

Handout

7: Health: A-2

DRUG BEHAVIORS

Match each behavior listed below with the corresponding area affected by drug use by placing the letter of the area next to the behavior. More than one behavior may match each area.

BEHAVIOR

1. ______ Thoughts of suicide.
2. ______ Committing burglaries and robberies.
3. ______ Caught with drugs at work.
4. ______ Hangovers.
5. ______ Dropping straight friends.
6. ______ Depression.
7. ______ Overdoses.

AFFECTED AREA

(A) Physical Health

(B) Family Life

(C) Social Life

(D) School

(E) Work

(F) Finances

(G) Legal Issues

8. ______ Poor grades.

9. ______ Driving while intoxicated.

10. ______ Dropping out of sports.

11. ______ Spending all your money on drugs.

12. ______ Feelings of guilt over things done while high.

13. ______ Refusing to participate in family outings.

(H) Sexual Issues

(I) Thinking and Feeling

(J) Moral Issues

14. ______ Isolation from friends.

15. ______ Having sex for drugs.

16. ______ Arguing with parents.

17. ______ Basing decisions to go to a party on whether or not drugs will be available.

Handout

8: Science: A-2

CAFFEINE MONITOR

DAY 1 ________________

DAY 2 ________________

DAY 3 ________________

DAY 4 ________________

DAY 5 ________________

DAY 6 ________________

DAY 7 ________________

C
A
F
F
E
I
N
E

________ 7 = ________

Total # mg of caffeine for week	Average daily mg consumption of caffeine

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CAFFEINE CONTENT OF COMMON SUBSTANCES

1 cup of coffee = 100 mg

1 oz. of chocolate = 10 mg

1 12 oz. can of Dr. Pepper = 43 mg

1 12 oz. can of Mellow Yellow = 53 mg

1 12 oz. can of Mountain Dew = 54 mg

1 12 oz. can of Diet Mr. Pibb = 59 mg

1 12 oz. can of Seven Up/Sprite = 0 mg

1 6 oz. glass of tea = 50 mg

1 12 oz. can of Coke = 45 mg

1 12 oz. can of Mr. Pibb = 41 mg

1 12 oz. can of Pepsi = 38 mg

1 12 oz. can of Diet Pepsi = 36 mg

1 12 oz. can of Pepsi Light = 36 mg